

Twilight Talks: engaging health consumers with public lectures

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Abstract

Issue Addressed: Climbing rates of chronic disease allied with rising demand for public health services highlight a present need for honest conversations and information sharing around health behavior. The authors speculated that the Darling Downs community would benefit from public lectures on general health topics delivered by local clinicians. Health information delivered concisely, conversationally, and with authority could serve as an important intervention in reducing disease burden and enhancing patients' abilities to act as partners in their healthcare. Such lectures would also contribute to achieving strategic goals and national standards around engaging health care consumers.

Methods: A pilot lecture was held in October 2014. The success of this lecture led to a regular schedule of public lectures programmed for subsequent years, branded as "Twilight Talks". These lectures have focused on health themes of broad interest to a general audience.

Results: Twelve Twilight Talks have been delivered so far. Community response has exceeded expectations, with an average of 50 attendees to each event, and a range of 25 to 115. Audience reception and knowledge transfer measured through qualitative feedback has been equally positive.

Conclusions: A program of public health lectures is a novel initiative for the Darling Downs, prompting several hundred members of the community to think seriously about aspects of their health and learn about practical ways of making positive change.

Introduction

Darling Downs Health (DDH) provides a comprehensive range of hospital, mental health, and primary care services to a resident population of 280000 people spread across 90000 square kilometers of southern Queensland. In its current strategic plan DDH has identified a commitment to 'collaborate with primary health care and other

service providers' and to 'engage the community and health care consumers'¹. Standard 2 of the National Safety and Quality Health Service Standards also requires evidence of 'partnering with consumers'². Though many avenues are available to achieve these goals, one little-used option with potential benefit is that of public lectures on general health topics delivered by local clinicians.

Numerous institutions in a variety of contexts have used public lectures to good effect. They can enhance brand awareness for the hosting organization, improve knowledge of audience members, make scientific research accessible, and connect academic pursuits to community concerns. The increasing popularity of podcasting in general, and programs such as the Australian Broadcasting Corporation's "Big Ideas" in particular, have furthered the appeal of public lectures. Prominent examples include an event series run by The London School of Economics, where 'the emphasis is on the benefits to be experienced by an audience looking for intellectual stimulation' but where also 'the sense of a "virtuous circle" exists between the institution's public presence and the way in which this enables individuals to get their own voices heard'³.

Examples from healthcare include the Medical School of the University of Sydney, which in 2012 inaugurated a weekly lecture series (held over three months) titled "21st Century Medicine: Today's Research, Tomorrow's Healthcare". The 2012 series proved so popular a number of the 2013 talks were held in the Sydney CBD, with Dean Professor Bruce Robinson praising the lecture series by saying 'The beauty of these talks is that they are targeted for an interested audience without specialised medical knowledge. Here is an opportunity for everyone to get up to speed on some of the most exciting things happening in health'⁴. As well, a comprehensive education stroke protocol, which included public lectures and distribution of instructive material for the community and its medical staff, was trialed in Beijing. The study reported (i) pre-hospital delay decreased from 180 to 79 minutes, (ii) the proportion of patients arriving within three hours of stroke onset increased from 55.8% to 80.4%, (iii) the proportion of patients calling for EMS increased from 50.4% to 60.7%⁵.

Methods

In May 2014 the authors sought executive approval for a public lecture project. The proposal was to conduct a pilot event later in 2014 to determine feasibility of the idea. If the pilot was successful, a program of recurring lectures would be established from 2015 onwards. Speakers would be drawn from senior clinical staff employed at the Toowoomba Hospital. Each event would be free to attend (including complimentary parking). Each event would be held in the conference centre located on the Toowoomba Hospital campus. Each event would be sixty minutes long (6:00pm to 7:00pm), with time made available for audience questions. Each event would be heavily advertised internally in outpatient and visitor areas, and externally

through various healthcare professional groups, patient representative groups, primary health networks, general practices and private hospitals, retail pharmacy and pathology and imaging centres, and through broadcast and social media. Each lecture would be recorded and an audio-archive made available for podcasting and catch-up listening. Feedback from each event would be sought to inform topic selection and better target promotion of future events.

Potential benefits of the public lecture series were highlighted in the proposal and included:

- Contribution towards achieving strategic and national goals around consumer and community engagement
- Showcasing the excellence of local clinicians, thereby engendering greater levels of trust between the community and the public health service
- Inviting the community and other healthcare providers to engage with the DDH on neutral terms, removed from the often fraught circumstances of acute clinical scenarios
- Providing an avenue for authoritative yet personable delivery of health information, as opposed to many other forms of media
- Providing an opportunity for positive media coverage of DDH
- Building a culture of open communication, of shared information, and of mutual obligation between the provider and the public
- Creating a program of intellectual integrity and enquiry that is nationally respected while leaving a local legacy

In addition to these potential benefits, potential risks were also identified together with mitigation strategies (Table 1).

Executive approval was granted in June 2014 and a pilot event was planned for October 2014. In order to give the public lectures their own branded identity, and to emphasise their conviviality, the program was given the overarching title "Twilight Talks".

Results

The pilot lecture was delivered by endocrinologist Dr Sheila Cook on the topic "Healthy Living Tips To Avoid Diabetes". A simple headcount is a crude measure of success, but number of attendees was an important initial metric for this project. Despite extensive advertising efforts, generating community interest in this novel endeavour was a great uncertainty. If only a few hardy souls among the worried well attended it is likely this program would have been abandoned at the pilot stage. This did not occur, however, as this initial lecture had thirty audience members which exceeded the most hopeful of predictions. This level of genuine interest, coupled with the enthusiastic qualitative feedback received, ensured a more extensive program of lectures was implemented from 2015 onwards. Pleasingly, good

attendance numbers have continued for each subsequent lecture, as shown in Table 2. Attendance has ranged from 25-115, with an average of 50.

The number through the door is important not as an abstraction but because each of these attendees have heard important health messages delivered in person by specialist physicians. Of equal significance, therefore, is to gauge impact in terms of audience reception and knowledge transfer. To this end attendees at each lecture were asked to fill in a one-page evaluation. As with attendance this feedback has been exceedingly positive, with the only negative comment being a request for Milo. As well as lots of "very good" and "very informative", the following verbatim selection is typical of the seventy comments received:

- Excellent community service
- Excellent presentation, pitched at suitable level
- This was my first one. Just great! Wonderful being presented by an 'expert'
- Any educational / awareness-raising sessions are of great value
- This was excellent tonight
- Really enjoyed – thank you! Excellent content and very entertaining delivery too!
- Thanks so much, this was great! Very informative and I liked that it was interactive
- The lecture was really informative and the presenter really knowledgeable and really great
- The lecture was extremely well presented and I learnt so much!
- Very good lecture! Like the fact non-bias! Science based!
- Great initiative
- Excellent presentation and inspirational as well
- Thoroughly enjoyed the lecture and lots of info – thank you
- Very appreciative of the community service! Well organised
- Please continue having them
- Excellent lecture providing awareness and simple and reachable goals for change
- Very enlightening. Keep it up – so good!

Such feedback is clearly very encouraging and validating, but it also lays the groundwork for more detailed qualitative analysis and longitudinal follow-up regarding the impact of receiving health information in this format.

Although interest and impact for the public were of prime importance in this project, engagement with this new initiative from clinicians and the health service was also essential. To help with this the public lecture project was nominated for, and won, a prestigious annual DDH employee award in the category of 'Being Open and Transparent'. This award was given significant coverage throughout the hospital resulting in a very positive and visible profile for the "Twilight Talks". This in turn has led to further interest from potential speakers, along with confidence from other

clinicians to recommend the lectures to patients, families, carers, and even their colleagues and selves. The receipt of this award, together with the more general success these “Twilight Talks” achieved, ensured this has moved from a speculative pilot project to a scheduled program of lectures, and was forming part of the Toowoomba Hospital’s ongoing consumer engagement.

Was, past tense, because the thirteenth twilight talk was scheduled for 24 March 2020. It was to be on the topic of Advanced Care Planning, and would have been the first held in Toowoomba Hospital’s newly built lecture theatre. This was the same week when major lockdowns and shutdowns and social distancing were announced due to the declared Covid pandemic. Though much hospital activity has returned to “normal” in the proceeding three years, there is still some anxiety around inviting large groups of the community to sit side-by-side in a single room within the confines of the hospital. Of course, education providers and performing artists and many more besides have all grappled with these challenges in a world now much more attuned to the dangers of infectious disease. As well, opportunities for flexible delivery through widespread uptake of videoconferencing software and the like have dramatically altered the context in which public lectures can be delivered. Twilight talks have not yet returned to Toowoomba Hospital, but with due consideration given to risk mitigation it is likely they will do so in some form in the near future.

Discussion

Evidence abounds and is unequivocal that improving health literacy leads to improvement in general health outcomes and disease prevention measures. An efficient and modern public health service must engage patients, families, carers, and the wider public with clear and authoritative health information alongside the acute episodes of care it delivers. An overview⁸ into the state of consumer health information in the UK observed that ‘Health literacy is not just about reading, writing and numeracy ability or applying literacy skills to a healthcare setting. Health has its own specific language, environment and processes; so, an understanding of everyday information is not necessarily enough to enable an individual to make sense of their health needs, treatment and choices. It is important to also remember that even literate people may have trouble understanding or interpreting some aspects of modern health care.’ This overview concluded that ‘Communication between health professionals and patients, and between health educators and the public, is key in order for consumer health information to have the ability to improve health outcomes. Further, especially local, investment into the production, distribution and delivery of consumer health information is recommended’. As well, an important review by Lord Darzi stressed in its first sentence that ‘An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart’⁹.

The “Twilight Talks” program of public lectures is one small effort to achieve

improvements in this broad aim. The model adopted is certainly transferable to other health services nationwide. Essentially all that is required are experienced clinicians willing to speak, a coordinator willing to give the program impetus and direction, and a venue able to host all of the eager attendees. The costs incurred are zero to the attendees and minimal to the health service, amounting to small sums for catering, publicity, foregone carparking revenue, and audio-archive hosting. These costs will be dwarfed by the long-term benefits of an increasingly health-literate population avoiding inpatient bed days and associated diagnostic and therapeutic interventions.

Not only is such a program inexpensive and resource-light, there are several referred positive effects for the health service itself. Hospitals can have negative connotations for patients and family members as places of fraught emotions and painful experiences. Often public health services are only represented in local media when something goes wrong. As well, interactions with clinicians are frequently in the context of specific therapies and immediate outcomes. Encountering the hospital in a public lecture context can substantially change this narrative. In this sense the hospital simply becomes a neutral venue where positive messages of generalised health behaviour change are received. The local clinicians delivering the messages can be recognised for their expertise which further enables confidence in the health system as a whole. In addition, the likelihood such messages are received well and acted upon is enhanced by a lecturer-audience relationship rather than the complex interactions of a doctor-patient interview.

Along with benefits the hospital may receive, it is clear that the primary beneficiaries of a health-oriented public lecture program are members of the general public who attend. Climbing rates of chronic disease allied with rising demand for public health services highlight a present need in the Darling Downs community for honest conversations and information sharing around health behaviour. Information is an intervention for consumers every bit as powerful as the scalpel and the syringe. Health information delivered concisely and with authority and conviction is undoubtedly a priority in reducing disease burden and enhancing patients' abilities to act as partners in their healthcare.

Conclusion

Delivering an ongoing series of public lectures is a modest but worthwhile contribution to the demands of consumer health information, and a novel initiative for the Darling Downs. Several hundred people have demonstrated a desire for health information received in this way. The lecture topics already delivered have focused on areas with significant disease burden and health service impact – heart attack, stroke, diabetes, cancer, futile deaths in hospital, childhood fever, dementia, anxiety, incontinence, debilitating orthopaedic diseases. The feedback received from participants also identifies desired topics for future talks which will be taken into

consideration when assigning upcoming lectures. As well, within each lecture significant time has been devoted to audience questions and interaction, with audience members taking full advantage of the opportunity to ask meaningful questions and engage in important dialogue. The end result is the local health service providing opportunities to many members of the community to think seriously about aspects of their health and learn about practical ways of making positive change.

Table 1: Risk Mitigation Strategies

Risk	Mitigation
Presenters will speak on topics that are exceedingly controversial or will have potential to generate negative publicity for the DDH.	The public education purpose of these talks will be clearly outlined to potential speakers. Each speaker's topic will be vetted beforehand by the Director of Clinical Training.
Audience members will ask questions that are awkward or difficult for the speaker to answer.	Speakers who are experts in their field and who are comfortable speaking in public will be sought, thus ensuring some level of confidence and competence in responding to questions from the audience. As well, a speaker's guide based on extant advisory documents ^{6, 7} will be shared with speakers prior to events. A DDH staff member will also act as chair of each event and will be instructed to intervene if they believe questions need deferring or abandoning.
Audience members will misconstrue or misuse the information they have heard.	A disclaimer in advertising material and at the event will notify audience members the information presented in the lecture is designed for general education and should not supersede or replace consultation with an appropriate health care practitioner. As well, lectures will be audio-recorded and archived if any post-event clarification is required.
Public lecture events are poorly managed or unexpectedly cancelled.	A single point of contact will be responsible for these events. A checklist will be used to ensure events are prepared as professionally as possible. In the event of a cancellation, where possible the same media used to promote the event will be used to notify of its cancellation.

Table 2: Event Details

Date	Topic	Attendance
1 Oct 14	Healthy living tips to avoid diabetes (Pilot)	30
1 Apr 15	Prevention of strokes & heart attacks – what we all need to know	75
2 July 15	Dying at home	60
3 Sep 15	How to avoid diabetes	45
3 Dec 15	What can I do to try and avoid the big C? – preventive measures you can take to minimise your risk of developing cancers	25
13 Apr 16	Your child with fever – when to call the doctor & how to manage	30
30 Jun 16	Immunisation - what's it all about	35
3 Nov 16	Living Better, Dying Better	35
4 Apr 17	Dementia: the quiet tsunami	105
22 Aug 17	Anxiety	55
12 Jun 18	Laugh without leaking: strategies to avoid or manage incontinence	40
20 Nov 18	Coordinating care between the hospital and your GP	25
13 Aug 19	Creaking hips and knees – osteoarthritis in 2019: prevention, treatment... cure?	115

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