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Where do we go next with prevention?

Adopting a transilient approach as we learn from coronavirus

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Summary: Building a transilient prevention system – what can we learn from our response to coronavirus?

What is 'transilience'?

- Transilience is defined as leaping or passing from one thing or state to another. It offers the most positive way to promote health and wellbeing by reflecting and actively choosing the practices we carry forward. It also infers an agility and flexibility required to make such transitions.

- This includes retaining and accelerating practices that have emerged in response to the pandemic that promote health and wellbeing; letting go of practices that do not support physical or mental health; restoring positive pre-pandemic practices that are still feasible and serve us well; and developing new practices.

A local and flexible response

- The recent emergence of hot spots in Melbourne provides a clear example of when a more targeted process is needed, working collaboratively with community leaders to understand the issues and develop solutions, in addition to universal strategies.

- The pandemic response strategies of government, workplaces and communities have demonstrated the importance of recognising the inter-connectedness of social, financial, political, built, natural, human and cultural influences on our health and wellbeing. This encourages us to consider diversity at all levels and to recognise the ripple effects of changes in systems and our behaviours.

The coronavirus pandemic has brought many changes to the world as we knew it only 6 months ago. For the prevention of chronic diseases it has brought both new challenges and new opportunities. Here we highlight some of the priorities for prevention of chronic disease and promotion of wellbeing emerging from our experience of the past months.

Waiting for racquetball - a personal reflection

I (Lisa) realised this week that I have been playing a waiting game – waiting to play racquetball again. I have been letting work fill almost every working hour.

The periods sitting in one position at my desk are extending and my exercise options of walks and yoga sessions are limited to short breaks, barely raising my heart rate. Which is not surprising, because my heart just isn't it. My favourite way to really push myself was shut down by coronavirus along with everything else and just when gyms and courts were opening up again, I was stymied by my court's location in a neighbourhood 'hot spot'.

As a disaster resilience researcher, I should have known better than to just wait until things returned to normal. Mass emergency events typically create disruptions and change for years afterwards.

Resilience involves the capacity to adapt to that. Mind you, the recent VicHealth survey of 2,000 people across Victoria [1] shows that I am not alone: 37% of respondents reported they were exercising less during coronavirus restrictions, with the most common reasons being low motivation (39%), nowhere to exercise at home (29%), and/or because they've been concerned about catching coronavirus (26%). Those who have been exercising at the same or greater levels reported the main reason as having more time on their hands (34%), wanting to improve their health (33%) and/or get out of the house (31%).

A work colleague joked the other day that she was sitting with her cuppa surrounded by 5 days of take-away crumbs. Funny, but also potentially a problem. Indeed 11% of people in the VicHealth survey reported that they had increased their take-away fast food eating but encouragingly, 34% reported having less fast food takeaway.

For those cooking more frequently, they were most likely to attribute it to having more time (56%), that home-cooked food cost less (46%) and they prefer to stay home at this time (43%). When people did report cooking less, the main reasons given were concern about going to the supermarket (31%) and cost of food (28%).

What these changes illustrate is that seismic events, such as the coronavirus pandemic, affect people in our community in different ways – some may find occasion for improved health and wellbeing while many others will be detrimentally affected. The key question is – what can we learn from events such as this that enable us to build a prevention approach and system that is more resilient, flexible and adaptable?

Responding to disasters

The reality is that this period of change, with varying levels of restrictions, is likely to continue until a coronavirus vaccine is eventually released.

Just over a decade ago, disaster and trauma experts developed the five essential principles for intervention following a mass emergency event, and they still provide a useful guide today [2].

They advised that it is helpful to promote a sense of 1) safety; 2) calm; 3) hope; 4) self and community efficacy; and 5) connectedness. In a recent national survey (n=999) conducted by The University of Melbourne in partnership with the Doherty Institute and the Royal Melbourne Hospital [3], this was reinforced with the findings that higher feelings of safety, calm, hope, self and community efficacy, and connectedness were significantly associated with lower levels of anxiety and depression.

While it is not possible from these results to know what came first, it does show the inter-relationship between our emotional state during these times of duress and our perceptions of what is happening around us.

Not surprisingly, those who were still dealing with bushfire impacts when the pandemic restrictions began were showing significantly lower levels of wellbeing in the VicHealth survey than those not directly affected by the bushfires [1].

The proportion of the sample who were affected a fair amount or severely by the bushfires was relatively small at 8%. However, 42% of them reported symptoms indicating psychological distress compared to 20% of those not affected by bushfires, an important reminder that we need to be particularly mindful of the support needs of those with multiple disaster experiences this year.

So, where do we go next with prevention? The focus until now has been on preventing disease transmission and maintaining wellness during physical distancing. Now we need to be ready to deal with uncertainty and change as restrictions fluctuate.

Research following the Black Saturday bushfires showed that while the initial mass emergency event is dangerous and often frightening, it is the ongoing disruptions in the years afterwards to income, accommodation, health, employment, social networks and everyday life that really undermine people's mental health and wellbeing [4].

High levels of drinking are an additional risk factor. The recent VicHealth survey showed that 18% of people reported drinking more during the coronavirus pandemic, and 23% reported smoking more. However, 15% reported drinking less often, and in relation to smoking, 19% smoked less than usual, 13% attempted to quit and 7% quit, suggesting once again that the pandemic restrictions also offered opportunities for health promotion.

Connection to the natural environment is also likely to support mental health and wellbeing at this time [5,6] and of course, social networks [7]. Belonging to a community group or organisation is associated with better post disaster mental health and wellbeing for years afterwards for the individual, and when many people in the one community belong to community groups the benefits extend to others living locally — presumably because of increased trust and reciprocity [8].

Principles for intervention following a mass emergency event

Disaster and trauma experts developed five essential principles[2] for intervention following a mass trauma event. They advise it is helpful to promote a sense of:

1) safety

2) calm

3) hope

4) self and community efficacy

5) connectedness

The pandemic generated many creative ways to stay connected with groups through online activities. The disaster literature is also beginning to profile the difference of a collective approach to these events. In the wake of natural disasters, we see evidence of the benefits of social mobilisation and social solidarity where there is a collective effort to achieve outcomes that benefit everyone [9-11].

However, this research shows that social deterioration can also feature where individuals focus on their own needs to the detriment of others. The recent toilet paper hoarding is a relevant example.

Building a transilient prevention system

While there is much that we can do as individuals and collectively, systemic changes are also needed for health promoting changes to succeed.

Sure, we're all in this together but as our colleagues in the Centre for Health Equity at the University of Melbourne have been saying, who is this 'we'? The responses to the coronavirus pandemic, while essential to avoid a full-blown outbreak, have led to more cracks including increased isolation, severe economic impacts and diverse experiences depending on work, study, living circumstances and visa status.

The pandemic restrictions have also negatively impacted routine prevention practices, with decreases in cancer screening rates, and rates of attendance at primary care services, emergency departments and mental health clinics. Innovative solutions for re-connecting people with prevention and treatment services are needed to avoid a spike in chronic disease problems in the years to come.

The widespread and visible nature of the coronavirus responses has highlighted to everyone the paramount role of social and economic factors on our health and wellbeing. This may turn out to be an opportunity that we would do well to harness.

The point is that our everyday lives have changed - to a minor extent for some and drastically for others. So, let's not settle with interim measures and be resilient while we wait for the past to return but instead take a transilient approach.

> ### *A transilient way forward*
> - Retain and accelerate practices that have emerged in response to the pandemic that promote health and wellbeing
> - Let go of practices that do not support physical or mental health
> - Restore positive pre-pandemic practices that are still feasible and serve us well
> - Develop new practices

Transilience is defined as leaping or passing from one thing or state to another. It offers the most positive way to promote health and wellbeing by reflecting and actively choosing the practices we carry forward. It also infers an agility and flexibility required to make such transitions.

This includes retaining and accelerating practices that have emerged in response to the pandemic that promote health and wellbeing; letting go of practices that do not support physical or mental health; restoring positive pre-pandemic practices that are still feasible and serve us well; and developing new practices.

The past few months have made it clear that given the opportunity, people are incredibly creative and adaptive (a zoom choir anyone?; a new sourdough recipe perhaps?; teddy bear walks?). This shows how social mobilisation can lead to a transilient approach. From an organisational perspective, VicHealth and its partners have taken a transilient approach to adapting programs. These include:

- **The Community Grocer**, a non-profit social enterprise, has modified its pop-up market approach during coronavirus restrictions by providing fruit and veg boxes to low income local communities to enable them to continue to access fresh, culturally appropriate and affordable produce.

- **ABC Takeover Melbourne** has adapted their youth leadership building workshops across 32 Melbourne Councils to an online and radio version, amplifying young people's stories of what matters to them in these uncertain times. Partners include ABC, Centre for Munticultural Youth and Resilient Melbourne.

- **This Girl Can - Victoria** moved its focus to an online environment. New at-home workout videos, including a 30 minute Bollywood dance class, were developed to engage and inspire women to be active during coronavirus restrictions.

Government responses to coronavirus

The pandemic has also demonstrated the potential for our government to deliver a response that appears to be transilient. Key features of the Australian government's response to coronavirus to date include being rapidly responsive, cohesive in purpose, collaborative, evidence based, and representing an understanding of the functional levers and multi-level complex systems of influence and impact.

These include some of the key elements previously identified as critical for actions for the social good[12], signatures of an effective response to systemic volatility, uncertainty, complexity and ambiguity (VUCA)[13], and more recently some of the elements identified by McKinsey as key for organisational resilience during the pandemic[14].

However, scaled-up national responses are rarely able to accommodate the dynamic and context-specific combination of protective and risk factors in people's lives on their own. A more localised response is typically also required to engage closely with different sectors of the community to co-develop initiatives.

The recent emergence of hot spots in Melbourne provides a clear example of when a more targeted process is needed, working collaboratively with community leaders to understand the issues and develop solutions, in addition to universal strategies.

The pandemic response strategies of government, workplaces and communities have demonstrated the importance of recognising the inter-connectedness of social, financial, political, built, natural, human and cultural influences on our health and wellbeing. This encourages us to consider diversity at all levels and to recognise the ripple effects of changes in systems and our behaviours.

The pandemic responses have also given insights into how disaster-proofing our prevention practices and infrastructure might benefit health equity.

For example, the increased flexibility and accessibility offered by the new telehealth items, while implemented as a response to coronavirus, has also increased accessibility for people with traditionally lower access to health services, such as those living in regional and remote areas or living with a disability.

How can we build this flexibility into our prevention practices going forward, inherently recognising that a one-size-fits-all model does not work?

Summary

Building a transilient prevention system will mean taking the learnings from our experiences in 2020, along with the broader learnings from disaster research and responding to volatility, uncertainty, complexity and ambiguity.

Now is the time to highlight that our ongoing prevention approach to all the complex challenges we face, such as climate health, health equity, mental health, chronic disease prevention, family violence and population nutrition need the capabilities that have been recognised as essential in our pandemic response.

Acknowledgement

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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.