Our community taking its Health In Our Hands

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Health In Our Hands (HIOH) is a wholly independent and community owned organisation that has been operating in Whyalla South Australia for eleven years. Originating from the Federally funded Sharing Health Care Project (2001 to 2004) it has continued the work started then until the present day. The organisation is staffed entirely with volunteers, many of whom have been with it since its inception in 2002, none of them coming from medical backgrounds. At the end of the Sharing Health Project the organisation (HIOH) was given a small amount of funding for it to continue into the future and it has continued to prosper. HIOH is an incorporated organisation with its own management committee, with non-elected key stakeholders having non-executive positions.

At the centre of its philosophy HIOH has used Chronic Disease Self Management as its main driving force, most of the volunteers having one or more themselves thus the added incentive to provide this service to their community. The Stanford (Stanford University, California USA) Model of Chronic Disease Self Management Program (CDSMP) is the main program of choice but others are also embraced so that a variety of programs can be offered to the community. Self management of chronic diseases has long been promoted as one of the best ways of managing costs to the health services into the future by improving health outcomes at an individual level before they become more serious and use up health resources that can be better utilised elsewhere. There is much evidence1 supporting the concept of self management and the consequent improved health outcomes of both individuals and communities. The debate seems to be about how the concept is delivered and how the outcome is measured. By applying many of the principles of the self management programs HIOH has developed a unique service to the Whyalla Community in a centre now based at the local hospital where people can go along and take part in any or all of the programs the centre offers.

Whilst running the CDSMP sessions the need for follow up programs was identified, older people feel intimidated when attending public gyms and often make the decision to not attend and thus miss out on exercise opportunities. With this in mind HIOH implemented Tai Chi as a simple means of exercise and due to its popularity a whole range of other exercise programs have been developed to cater for the communities needs. Working in partnership with the hospital HIOH has enabled patients to continue their rehabilitation in a social and safe environment with no time constraints due to funding issues. The social side of health has been identified as a very important part of client’s health outcomes; the centre provides a place where anyone can attend. Being within the hospital precinct enables in-patients to come along to the room and take part in any activities taking place. It is also a place where they can obtain basic health information, or if they wish just sit and chat over a cup of coffee.

The centre has, had on average, 16 volunteers working at any time (ages from late 20s to mid 80s). These people come from all walks of life and all share a common interest in making a difference to their community’s health outcome. Most of the volunteers have one or more chronic conditions themselves and therefore gain much from being a part of the organisation. Over time they have surprised themselves and found new and exciting skills they never knew they had. The volunteers have embraced any training available around the concept of prevention, self management and the healthy life style needed for these to take place. They are now able to offer exercise groups, from sitting to more vigorous programs, four forms of Tai Chi and equally important social activities to the community. Many are now leaders for the Stanford workshops. Two of the volunteers are Master Trainers for the Stanford Chronic Disease, Pain and Diabetes workshops. These two recently trained at Stanford University as T. Trainers, enabling them to train Master Trainers. They have travelled both in South Australia and around the country with another T. Trainer from University SA (UDRH) facilitating training workshops for both health professionals and peer leaders. One of the volunteers is trained to co-facilitate the Better Health, Better Living internet workshops for the American Council on the Aging, and another is about to take the training program for this. The centre prides itself on still having four of
the original volunteers and most of the others already have achieved five year long service awards and some others now approaching ten years of dedicated service.

HIOH operates on a shoestring budget, it receives no funding other than what is earned by conducting training for the Stanford programs and client donations. The hospital provides the centre with a comfortable room from which to operate and also allows the use of other resources for administration etc. Statistics paint an impressive picture on what can be achieved with a very small amount of money and a very enthusiastic group of dedicated community volunteers. Had these services been provided by paid health workers (two full time) the costs just for wages would exceed one million dollars. This has been achieved with a total expenditure of less than $80,000. The following statistics highlight the success of the centre.

- Number of client visits: 37,373
- Number of client visits to activities: 14,544
- Volunteer hours worked: 36,064
- Number of days the centre has opened: 2,760
- Number CDSMP workshop run: 33
- Number of CDSMP leaders trained: 264
- Total value of services to SA Health: $1,002,233

The centre is open 5 days per week from 10.00 am to 3.00 pm during which time all of the activities take place. Some programs are run at another location at the opposite end of the town to accommodate people who cannot access the hospital easily. During the past few years, HIOH has from time to time provided its services to other organisations by facilitating CDSMP workshops for their clients and this has led to better cooperation and sharing of resources to the benefit of the community as a whole.

HIOH promotes healthy living in a number of ways firstly by peer led programs (CDSMP) and activities, secondly by health related articles on a fortnightly basis in the local newspaper and thirdly via its own website (www.inourhands.com.au), which is wholly designed and administered by the volunteers and enjoys a world wide following. The centre is in the process of setting up a referral system with a doctor’s practice which will allow the practice to directly refer their patients to the centres range of services and also enable the centre to feed back directly to the surgery on client’s progress. Working with and alongside the community health team located at the hospital HIOH wherever possible, promotes their activities in the community.

While the centre cannot produce clinical evidence to validate its contribution to the improved health outcomes of the community, there is a wealth of anecdotal evidence from clients throughout the years. There seems to be no simple way to measure and document “increased wellbeing”, and this seems to be the result of our centres existence and our activities. Clients continue to keep coming back for more and more of the services offered. Some have been with us almost from day one, and some have then joined as volunteers and trained to run programs. Again there is an element here that cannot be measured or documented, but it suggests that in initially looking for help with their own health / life problems clients do develop a desire to help others make that transition themselves. In taking this step these volunteers demonstrate that improved “self efficacy” does indeed assist in a very much improved health and social responsibility outcome. This again cannot be measured and documented as a statistic. If asked, “why do they do it”, the volunteers would invariably reply “because I enjoy it”, “it keeps me busy”, “it keeps my brain active”, “I want to make a difference” or similar. The volunteer staff bring with them a wealth of ‘life’ skills and knowledge which is put to good use, with the right type of training and encouragement they use these skills to bring a new level of health care to the community. The future of the centre depends on many things, funding being probably the main issue, and new and upcoming volunteers the second most pressing.
The main lesson learned from our experiences over the past 11 years is that consumers of health services need continued and ongoing support to maintain any improved health outcomes. Often this type of support is only available for a short period of time after consultations and or treatments, and therefore there is less incentive for them to maintain motivation to continue with any changes or improvements they have made. Peer led programs such those HIOH provide do enable health consumers to have a continuing pathway of not just the medical or physical options, but most importantly the social interaction many of them may not have had for some time. This social interaction provides the motivation to continue making life changing decisions by becoming more independent, confident and proactive self managers of their own health outcome. Lack of funding, resources, support and infrastructure are huge obstacles for a volunteer organisation to overcome, but it is possible as HIOH has demonstrated.

HIOH continues to go from strength to strength but none of this would have been possible without the continued support and encouragement of Whyalla Hospital and the University of South Australia (University Dept of Rural Health), and importantly the enthusiasm and dedication of the volunteers who are the driving force behind the organisation.

References

Information
1. Health In Our Hands Website: www.inourhands.com.au