

Linking a community

Mark Stemm, Coralanne Hill, Tandara Lodge Kentish Health Centre, Tasmania

OVERVIEW

Linking the Kentish Community began in August 2000 when a group of concerned health professionals and local community members in the rural Kentish region of Tasmania met to find ways of improving health services in the area. They formed a group call the Health Investigation Committee of Kentish (HICK).

The Aims and Objectives of this group were:

- to undertake community consultations to clearly identify the health issues facing all sections of the Kentish community
- to produce a Community Needs Analysis Report detailing community identified priorities for health programs and proposals for meeting needs not currently being addressed. These could then be used when applying for funding
- apply for funding under the Commonwealth Regional Health Services Program.

What started from this initial group has grown into a community based holistic approach to health undertaken by the local community and health professional.

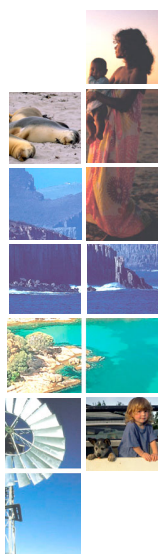
The establishment of the Tandara Lodge Kentish Health Centre has provided the local community with over 14 different services, which were never available in the region previously. The Centre received funding in December 2001, employed a manager in January 2002 and had all but one of twelve services up and running by 19 April 2002. In the first 8 months of service the Centre has provided over 2,000 items of service for a population of approximately 5,500 people living in a rural and isolated region of Tasmania.

All of these services are provided at a cost of \$220,000 per annum or only \$40 per person per year, which represents a low cost, high quality health service to the local community by the local community.

As part of the program we are able to offer a 24 hour a day, 7 day a week counselling service for people in need. Within the first 2 months this service received over 35 calls and in regard to one call, it resulted in a suicide attempt being prevented.

BACKGROUND

The Kentish region covers an area of 1,100 sq km and a population of 5,407 people, with three main towns, Sheffield, Railton and Wilmot, however, nearly 60% of the population live outside the major towns. It is situated in the North West of Tasmania, and its natural features include Cradle Mountain, Mount Roland, Lake Barrington and



the Forth River. The area is renowned for its natural beauty and the town of Sheffield is better known as the town of Murals.

Sheffield and Railton are within 30 minutes drive of Devonport, the nearest major regional centre.

However, Kentish residents suffer several disadvantages due to the region's isolation. Some of these disadvantages included a lack of services for the elderly and disabled people in the region.

Economic facts

Average weekly earnings are amongst the lowest in the State, Unemployment is very high, with statistics showing it ranked fourth highest with respect to unemployment rates for Local Government Areas in the State.

Many services are minimal or non-existent

Due to some parts of Kentish being close to Devonport, many programs are given to Devonport Service Providers. A recent report states that many service providers that are funded to service Kentish are unable to, due to demand within their own region and costs of servicing such a large area. The region had only 2 doctors, for its 5,500 people, when the accepted ratio is 1 to 1,500 population (therefore nearly 4 are required).

An aged and ageing population

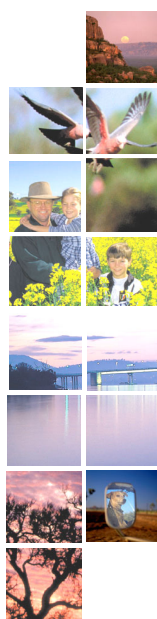
Kentish has an unusually high proportion of its population over the age of 65. This group represents 10.4 per cent of the Kentish population, compared with the Tasmanian Rural Balance figure of 7.9 per cent. The Australian Bureau of Statistics figures show an expected increase of over 85% in the aged population over the next 18 years (the highest increase on the North West Coast and amongst the highest in Tasmania).

Leadership in the community

Kentish is not without its problems when it comes to finding leaders in the community. For several years the local Council has been embroiled in infighting and bickering. This all came to a head in February 2002, when the Premier suspended the Council and ordered an inquiry into the conduct of the Councillors. As a result of the report the Councillors were dismissed and Kentish is now ruled by an Administrator.

While the Council was dismissed in February 2002, its operation had largely been dysfunctional for sometime and this in itself complicated issues in the community.

One would think that without some form of leadership in the community, it would be difficult to get the community to act on any program. This is where Tandara Lodge Kentish Health Centre stepped in. Tandara has, over the past 3 years, provided a focal point for the community and provided leadership. At the same time Tandara has worked closely the Kentish Council staff to promote health services in the region. Tandara has operated a nursing home in the region for the past 24 years and is a



community based organisation, governed by local people. This step was a new one for Tandara, but followed on from a greater focus on providing community health care.

THE COMMENCEMENT OF THE PROGRAM

The initial thought of a community based health program began in August 2000, with a meeting of interest parties and the Commonwealth Department of Health and Aged Care.

A committee of 12 people was set up, who would oversee the initial “needs analysis” and then finally see the introduction of services into the community (the HICK committee).

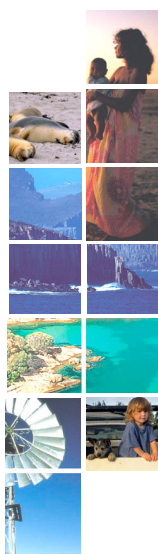
The committee met on several occasions and finally appointed ERS consulting to undertake a needs analysis in May of 2001. Once ERS commenced the consultation process problems started to emerge. This was due to a number of factors, one of which was the lack of leadership in the community (ie, the Council), and secondly the trend, over many years, to ignore the local community in the provision of services, leading to a community which would not engage in the “needs analysis”. During the various surveys (reply rate was only 11%), community meetings (mostly about 12 people at a time), and various other consultations undertaken by ERS, the community expressed the view that this was a waste of time, as “they always promise us and never deliver”. Therefore, the outcome of the “needs analysis” was built mainly on statistics from various government departments, agencies and universities. At the end of the process what HICK had was a “needs analysis” which was not well defined and left a number of unanswered questions, as to what should be done.

Due to this outcome, both the State and Federal Departments of Health advised us to select just a few services and to proceed with these. However, we were convinced that the community needed a wide spread of services to cater for its needs. Therefore, we put forward a combination of services to be delivered. There were twelve in all, including – Occupational Therapy, Podiatry, Diabetic Educator, Physiotherapy, Women’s Health, Education, Arthritis Support, Dietician, First response Counselling, Sexual Health Clinic, Speech Pathology, Youth Health, Transport and Health Promotions. Confirmation of funding of \$ 220,000 per annum was received on 15 November 2001, with services commencing in December 2001.

What happened next was unexpected and the depth of support received from the local community was overwhelming.

THE ROLLOUT OF THE PROGRAM

Tandara Lodge Community Care undertook to carry out the contract with the Commonwealth. At that time, Tandara operated a residential facility in Sheffield, along with community housing and community aged care. Given that the HICK committee were advised that the program was too broad and we would have difficulty obtaining professional health workers and providing “professional” services to the community, we commenced with the Community Bus service, which transports people to clinics and to surrounding towns, etc. This service is partly



funded by the program and partly funded through Tandara. Therefore, it provides a service which caters for the whole community, and not merely one section or another.

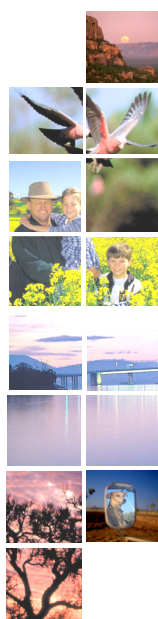
The community housing project consisted of 30 existing units located at Sheffield and 4 units at Railton. One of the units at Sheffield was used to set up a clinic for visiting health professionals. This was close to Tandara's offices and close to the elderly who lived in the units. The next step was to employ a Centre Manager, and this occurred in January of 2002. Then the following sequence of events took place in regard to getting health professionals for the program.

1. An Occupational Therapist who worked at Mayne Health at Latrobe Hospital approached us to work 2 days a week for Tandara, in the areas of Occupational Therapy and Arthritis support.
2. Next came a local suicide prevention group called Parakeleo, and they offered their services for counselling and first response for people with mental health problems.
3. Then we were approached by a local female doctor who worked outside the region and she wanted to work in her local community, but could not afford to open her own surgery. We supplied the surgery and staff (under the sexual health program).
4. Following on shortly after was a local Dietician who also worked outside the region for the National Heart Foundation. She too wished to work with local people.
5. A week later, contact was made by the Local Division of General Practice about a Diabetic Educator and whether we could use his services.
6. We then negotiated with the local Kentish Council to partner them in employing a full time youth worker (they already had a part-time youth worker), and the funding was available for his role to be expanded to include youth health.

All of the above happened in the month of February 2002.

Also in February we commenced the operation of our 1300 number connected to a call centre in Melbourne. This allowed us to take bookings for the various clinics and operate the 24 hour counselling line. In March 2002, the Division of General Practice, supplied a podiatrist and after contact with a physiotherapy group in Burnie, a physiotherapist commenced in April 2002.

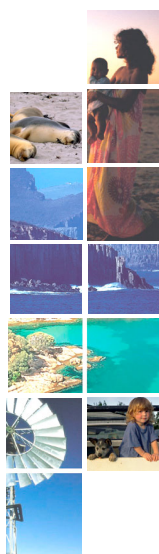
An official opening took place on 19 April 2002, with all but one service up and running (this was 3 months after employing our Centre Manager), with speech pathology being the only service not operational. In August 2002, we were approached by a speech pathologist from Launceston who wanted to set up a private practice. On 19 of September she commenced her first clinic. All of the programs have been well utilised and up until 6 of September 2002 (just 8 months after commencing the service), the Tandara Lodge Kentish Health Centre had over 2,000 occurrences of services from a population base of around 5,500. All services, with the exception of Women's Health Education, are delivered by private health professionals, with a



majority coming from the region. Those from outside the region often commented about how they look forward to coming and working in the Kentish community.

The establishment of the Service has been a considerable achievement from a community that had major problems with its local Council and a community that would not engage in the consultation process and expressed a lack of faith by others from outside the region, in being able to achieve what we set out to do.

While the previous sections of this paper gives a brief outline of what was achieved, the work that has gone on to bring the services online and to engage the community was significant and relied heavily on community involvement and motivation. Listed below is the method we used to achieve our goals and we believe anybody can use this method in local communities to encourage them to find their own solutions to providing health care for the local people.



THE FORMULA FOR ENGAGING THE COMMUNITY AND GETTING THEM INVOLVED IN HEALTH SERVICES USING THE GARDEN METHOD

- **Plant plenty of seeds** – if you plant only a few seeds, then some will make it and others will not. Therefore plant many and as widely as possible – so make as many contacts as possible, get involved in the community in various ways.

Methods: Go to as many functions as possible, get involved in as many community groups. Advertise what is going to happen and what you intend to do. Invite people to functions.

Examples: We made contact with all of the different community groups and asked to come and speak to them and told them what was going to happen. We advertised in the local press and set out what our plan was. We got involved in local committees, etc.

- **Use plenty of fertiliser** – nothing grows without a good dose of manure, and the more you use the better. Use plenty of b-----t, and the seeds will grow.

Methods: Newspaper articles, news interviews, media attention, local press, talks to community groups, special days, information days, etc. Tell plenty of stories, inform the community of what you are trying to achieve. Get the community believing that it is possible.

Examples: Make sure you have a good relationship with the local council, the Lions and Rotary clubs, senior citizens and involve them in your articles and keep telling them what you want to do.

- **When the plants start coming up, nurture them** – anything neglected will be strangled by weeds, therefore, once you have planted and put plenty of manure on it, look after it. But be careful, there will be some plants that look fine, but turn out to be weeds.



Methods: Include community members on your committees, and have them involved in what you are doing. But be careful of the weeds, as there will be some in the community and these will try and strangle what you are doing.

Examples: We had a major critic and we included him on the committee that oversees the health program. Include them in some of the work you carry out.

- **When some die off, don't worry** – because you planted a lot of them, there will be some that die off and do not make it. This is all part of nature and as one dies off, another will come through.

Methods: There will be some people who will oppose what you are doing, and others who criticise what you do and how you do it. Don't worry about them. The best way to overcome this is to provide a better service and more of it. Don't try to overcome them and do battle, just out grow them.

Examples: There was another service which provided some social support and other minor services to families. They saw our new program as being a threat, because they were "talking or taking" their clients. What we did was to involve this group in the committee process and work with them to provide more services, and to enhance theirs. Include people.

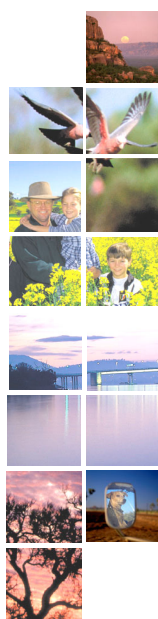
- **Once you have got everything going grow your own** – once you have learnt what works and what doesn't, start to grow your own. After planting and seeing the plants grow, others will see what is happening and want to be part of your garden.

Methods: Once you have the community behind you, then look for local solutions, and talk to local people who may be able to provide part of the service. There is a wealth of talent in the community, and it is your job to find it. You will find professional people will approach you and want to be part of what is happening.

Examples: One of the biggest challenges for us was the mental health area. We required a 24-hour/full-time service that could do counselling and mental health work. State Health were required to cover our area, but not for this purpose. We were approached by a local suicide prevention group who specialised in training in suicide prevention, and counselling people who have been affected by suicide. While they did not work directly in the area of mental health, their area of expertise was counselling. By working together, we managed to re-skill two of their people and they now offer a wide ranging service in mental health, as well as a 24/7 counselling service.

They came to us, as a result of all of seeds we had planted and the manure we had spread around.

Another is speech pathology. We went several months without anybody, because there was only State Health and they could not contract privately. Then we had a call from Launceston, from somebody who wanted to start up a private practice and work for us.



- **When the plant gets really tall, you want to make sure that it has its roots firmly in the ground** – the secret to success is to have your head in the clouds and your feet firmly on the ground, all at the same time. Dream as much as you can and create what you want, but have a good dose of reality and when things go wrong or are not working, then do something about it, never think everything is great, because it is when you starting believing your own manure (b-----t) is when you are headed for disaster – Pride before a fall.
- **Once you have your garden, then you will need to replace a few plants with others** – Always remember that nothing last for every and you have to review what you are doing on an ongoing basis. People will come and go and things will change, no different to the plants in the garden. But make sure you have some long lasting trees along with some annuals, etc. Having a mixture will ensure renewal when you need it and stability when you require it.

CONCLUSION

Because we tended our garden then the outcomes are benefiting the community, now and into the future.

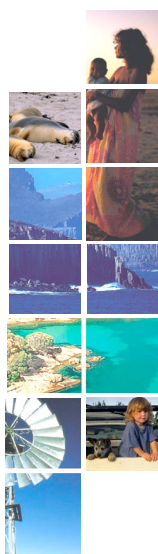
PRESENTERS

Mark Stemm has qualifications in Commerce, Computer Science, Psychology, Sociology, Agricultural Economics and is currently studying Applied Maths. He is past Board Member of Vincent Industries (sheltered employment), Marist Regional College, West North West Regional Tourism, United Milk Tasmania, and Aged and Community Services Tasmania.

Mark was born in Leeton (NSW) and raised in Sydney, he married Jane in 1976 and after spending 8 months in Europe on their honeymoon, he commenced work in Sydney. There he worked for Woolworths, Ansett, Rheem, American Flange, as well as working as a consultant in the area of computer and accounting systems. He brought his family to Tasmania in 1985 and worked for United Milk Tasmania (UMT) as Company Accountant. He left UMT in 1993 to work as Business Manager for Vincent Industries, training people with an intellectual disability to use computers. He then entered the aged care industry in 1996, at Mt St Vincent Nursing Home. During his time at Mt St Vincent he was elected President of Aged Care Tasmania in 1997 and recently retired from that position. Currently he is CEO of Tandara Lodge Community Care, financial adviser to Mt St Vincent and a director of several private companies.

Coralanne Hill is the Manager of Tandara Lodge Kentish Health Services. Coralanne's qualifications include a Diploma of Frontline Management, and an Advanced Diploma of Community Services (Aged Care Work) Selected Competencies. Coralanne has completed university and TAFE courses in many areas including community development, palliative care, and women's health.

Coralanne was born in Hobart and raised in Ulverstone on the north-west coast of Tasmania. She was a member of the Royal Australian Navy for three years before marrying Peter in 1976 and travelling many parts of Australia before commencing a family and settling in South Australia, then returning to Tasmania in 1986.



Coralanne worked in aged care as a carer in nursing homes in South Australia and Tasmania. From 1991 to January 2002 Coralanne co-ordinated aged care services on the west coast of Tasmania, which included Commonwealth and HACC programs. In December 2002 she accepted the new position of Manager of the new Regional Health Service in Sheffield Tasmania. Has over the last 12 years Coralanne has been involved in many state and national committees in aged care. Coralanne was nominated for Business Woman of the Year in May 2000, was awarded the State Title for the Sudden Infant Death Society Tasmania, and in 1998 was “Carecore Australia Ambassador Tasmania”.

