

Self-Care, Values Lead To Healthy Communities

Universal coverage for healthcare will no doubt lead to healthier communities; however, additional practices such as self-care must also become routine to ensure optimum health. In addition, healthcare, educational, and religious institutions—once powerful community advocates—must reclaim the values they have lost sight of in their struggle to survive during these chaotic times.

SELF-CARE CUTS INAPPROPRIATE UTILIZATION

A community's true primary healthcare providers are the people themselves, David S. Sobel, MD, told participants at the recent Healthcare Forum Healthier Communities Summit in Anaheim, CA. He noted that 80 percent of healthcare in the United States is self-care—for example, a person taking an analgesic for a headache rather than seeing a physician.

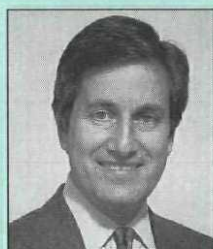
If the United States had a 10 percent decrease in self-care, the demand for professional care would increase by 50 percent, said Sobel. On the other hand, if we experienced a 5 percent increase in self-care, the demand for professional care would decline 25 percent.

Sobel described the use of self-care books, lay healthcare facilitators, and computer bulletin board services as methods of equipping Americans to increase appropriate utilization of all resources—personal, community, and professional healthcare.

SELF-CARE BOOKS AND BEYOND

Self-care books are different from traditional, diagnosis-based medical reference books because they are symptom based, explained Sobel. Patients can look up symptoms and perhaps self-diagnose and self-treat certain illnesses through the use of decision trees.

Sobel described a study in which the self-care book *Take Care of Yourself* (D. M. Vickery and J. F. Fries, Addison-Wesley, Reading, MA, 1989) was sent to 2,800 households enrolled in a health maintenance organization (HMO). As a result of



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the book's use, members' demand for ambulatory care services declined 17 percent; care sought for minor illnesses decreased by the 35 percent. Sobel added that a managed care organization could save \$2.50 to \$3.50 for every \$1 invested in such a program.

But use of this self-help book does more than reduce the demand for services. Members are using the book appropriately, Sobel emphasized, seeking more frequent and earlier evaluations for some symptoms such as breast lumps.

Kaiser Permanente Medical Care Program, Northern California Region, where Sobel is director of patient education and health promotion, has had similar success with a program in which 30,000 members of its Fairfield facility received the *Healthwise Handbook* (D. W. Kemper, K. E. McIntosh, and T. M. Roberts, Healthwise, Boise, ID, 1994). The project's goal is to increase member confidence and efficacy in self-care, improve member satisfaction with the HMO, decrease inappropriate utilization, and increase provider support and reinforcement of self-care skills.

Sobel explained that the HMO trained all healthcare professionals at its Fairfield facility to encourage self-care. They ask patients about any self-care and self-treatment they may have tried before seeking professional care. Even if a patient has initiated self-treatment that may be counterproductive, healthcare professionals reinforce the effort, then suggest more effective and appropriate self-treatments, Sobel pointed out.

"The book in this intervention is really a Trojan horse," said Sobel. He explained that Kaiser is using it as a vehicle to change to a culture and a system of care which recognizes that the primary healthcare providers are the members themselves.

Use of the *Healthwise Handbook* increased members' confidence in self-care, evidenced in the following:

- A 5 percent decline in acute care visits
- A 1 percent decline in overall visits

- A 5 percent decline in phone calls

Based on these results, Kaiser is planning to implement this program throughout its Northern California region, sending the *Healthwise Handbook* to 1.2 million households.

LAY HEALTHCARE FACILITATORS

Not only do Americans exercise self-care, they also seek healthcare advice from friends and family. Sobel described a 1981 Duke University study conducted by E. J. Salber and colleagues that identified 39 lay healthcare facilitators (e.g., ministers, gardeners, cooks, retired nurses), persons community residents sought for healthcare advice.

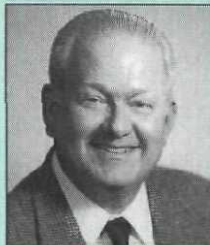
The program directors found an "indigenous health adviser network" serving the community, reported Sobel. Duke University decided to strengthen this network by providing special training to these lay healthcare facilitators in topics that were most often brought to their attention—self-diagnosis, first aid, folk remedies, treatment of acute and chronic conditions, and how to use the healthcare system.

After they received training, the lay healthcare facilitators reported having at least three health contacts a week. Persons asked the facilitators questions they would never dream of asking the most empathic healthcare professional, noted Sobel. In addition, these facilitators acted as bridges to the professional healthcare system.

Admitting he would like to see such a healthcare model revived, Sobel referred to it as a "reality check" for healthcare professionals by ensuring they are truly addressing their communities' needs. Sobel also believes the lay healthcare adviser model allows for cultural sensitivity and recognizes the importance of people's own involvement in their health. In addition, such a program ensures cost-effectiveness by promoting efficient use of all community resources (not just the professional resources).

COMPUTER BULLETIN BOARD SERVICE

Self-care books and the use of lay healthcare facilitators are low-tech solutions to empowering the primary healthcare providers among us, but there are high-tech solutions as well. Sobel described the Comprehensive Health Enhancement Support System (CHESS) program from the University of Wisconsin-Madison as a high-tech, high-touch way to help patients. In a three-month period CHESS was used more than 5,500 times by 30 persons who are HIV-positive.



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Developed during the past few years, CHESS, a computer bulletin board service, provides information and support to sick people and their families, friends, and employers. It provides an anonymous, nonthreatening system that is under their control to help them deal with the informational, emotional, and decisional challenges their crisis brings.

CHESS covers breast cancer, HIV infection, adult children of alcoholics, sexual assault, school, and stress and depression. New topics are continually being developed, and CHESS will soon cover sexual harassment and substance abuse.

The goals of CHESS are:

- To improve users' health status by focusing on emotional and mental health and helping reduce stress
- To change or improve health-related behaviors
- To improve utilization of healthcare services by teaching users to be efficient healthcare consumers

Communications Component Through CHESS's "Ask an Expert" component, the user can leave anonymous electronic mail questions. Experts respond within 48 hours. The "Discussion Group" helps relieve isolation by allowing users to interact through electronic mail with persons who have similar problems.

Analysis Component The "Decisions and Conflicts" program helps users analyze various decisions as they deal with their healthcare crisis. Through "Assessment," users can look at health-related behavior patterns and decide what changes they could make. With the help of "Action Plan," users can think through implementing a plan once a decision has been made.

Information Component "Questions and Answers" includes brief answers to the most commonly asked questions in a health crisis. The HIV module alone has answers to more than 400 common questions. Users have quick access to journal articles and brochures in the "Instant Library." "Getting Help and Support" provides a step-by-step tutorial that educates users and encourages them to be wise consumers of healthcare and social services. In "Personal Stories," users can read entries left by others who have experienced the same type of crisis.

ACCOUNTABILITY AND COMPASSION

Communities can equip their residents for safe, effective, and efficient self-care, asserted Sobel.

He noted that vision will not be enough to reform the healthcare system—we Americans must treat one another as though we are all part of the same family.

Echoing this theme, Leland Kaiser, PhD, suggested that Americans need to fill their hearts with compassion. Adding that one problem with our healthcare system is that no one is accountable for the inadequacies, Kaiser, president, Kaiser & Associates, Brighton, CO, and associate professor, Graduate Program, Health Administration, University of Colorado, urged hos-

pitals to reach out to their communities.

Kaiser said that, even by doing little things, healthcare providers and other community advocates can restructure their entire community. To create this change, he added, every hospital must tith 10 percent of its annual revenue. He went on to propose that the United States could meet indigent care needs in all communities if every retired physician volunteered services one day a week and every practicing physician volunteered services a half day a week.

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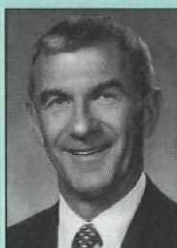
HEALTHY COMMUNITY INITIATIVE INVOLVES VARIOUS STAKEHOLDERS

Healthy communities are an ideal, an ideal many communities across the United States are realizing. Such communities have learned that health encompasses more than medical care, also hinging on benefits such as education, social services, and religious institutions.

At the recent Healthcare Forum Healthier Communities Summit, representatives from communities such as St. Joseph County, IN, described how they are working to improve their communities' health.

The many small manufacturers in St. Joseph County, IN, met in December 1991 to discuss healthcare costs—the spark that resulted in the Healthy Communities Initiative, a coalition of St. Joseph County advocates whose goal is to effect "fundamental improvement" in the health of the community, explained JoAnn Meehan, the initiative's chairperson.

According to Philip Newbold, president and chief executive officer of South Bend's Memorial Hospital/Health System, the first step to implementing this initiative was to find a sponsor to help with resources and assist with the project's initiation. The chamber of commerce sponsors St. Joseph County's healthy communities project. Local government or an ecumenical council are also appropriate groups to approach, Newbold added.



Newbold

the initiative. Meehan noted that the hospitals took a leadership role in the initiative's planning.

In January 1993 the Initiating Committee—the hospitals, chamber of commerce, and local businesses—sponsored a forum to encourage community advocates to support the Healthy Communities Initiative of St. Joseph County. Then in May 1993 the Initiating Committee contracted with the National Civic League as a consultant and resource. The group has assisted many other communities in similar efforts. The four hospitals funded the contract.

The next step was to form a Stakeholder Committee, a group of 95 community members—persons who could make things happen and persons who needed to have things happen for them, noted Meehan. Stakeholders agreed to meet every three weeks for nine months to draft the initiative's action plan. This core planning group, representing diverse sectors and various interests and perspectives, first

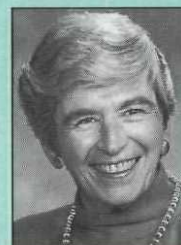
After the project's statement of purpose was written in July 1992, 77 volunteer board members from the four acute care hospitals in the county met at a one-day workshop and agreed to support

met in October 1993. The committee's charge has been to:

- Develop a vision of "community" and "community health," identifying the elements and indicators that affect health and quality of life
- Evaluate the current situation and trends
- Create a community health profile
- Identify key performance areas, prioritizing the components of the community health profile and identifying four to six key performance objectives
- Create an action agenda and implementation plan, proposing goals and recommendations and assigning responsibility for them

The Stakeholder Committee has also begun developing a vision of what a healthy St. Joseph County would look like in 2015.

Meehan admits the initiative's representatives are still in the learning process. Most important, she said, the group has learned that everyone in the community must be empowered to take responsibility for health. She added that keeping the media abreast of the initiative's progress has been helpful in apprising the community about what is happening.



Meehan

ANALYSIS

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REFOCUSING ON VALUES

The healthcare crisis is not an economic crisis, it is a value crisis, asserted Kaiser. And there is no political solution to a value crisis in which many providers focus on profit instead of the community.

Healthcare providers can reach out to their communities and collaborate, said Kaiser, only if the two share the same values. Rather than go for the "zero-sum game," he explained, human beings must go for win-win.

Healthcare institutions must also improve how employees interact with one another. Kaiser's concern is that when an organization faces a challenge, it will only look to "people with degrees and certificates" for solutions.

Kaiser believes there is always someone in an organization (from the chief executive officer to a technician to a maintenance person) who can solve a problem. "The tragedy," he said, "is that we don't always see the answer because we don't value one another."

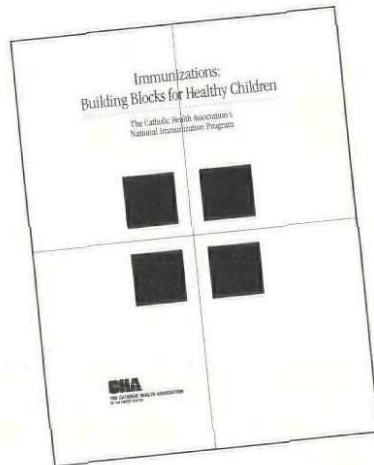
DON'T PLAY IT SAFE

Healthcare providers have values, said Kaiser, but the current organizational forums do not reflect these values. He added that healthcare's leaders are "world changers" who can start now by deeming healthy communities "deliberate designs of human habitats."

"Are we willing to make a difference?" Kaiser asked participants at the Healthier Communities Summit. He acknowledged that making a difference—creating change—is not safe. But he pointed out that the state of the U.S. healthcare system and the health of our communities are in jeopardy if they remain the way they are.

—Michelle Hey

CHA BOOKS



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