

# **Newsletter June 2010**

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Next meeting: Thursday 10 June 10.30am

The Weston Club, 1 Liardet St Weston

speaker: Gareth Wheeldon, Pharmacist

#### The May Meeting

David and Jenny Young showed us lovely videos of some of their recent travels. We saw scenes from the Trobriand Islands taken as part of a trip they took up the East coast of Papua New Guinea on a small cruise ship. We also saw scenes from two villages India. It was so interesting I forgot to take any notes – most enjoyable.

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### Living a healthy life with long term conditions

by Pat Westerberg and Chris Moyle

Both Pat and Chris attended the 6 week course and both found it very helpful. It's a course for men and women living with any chronic condition such as diabetes, asthma, lung, arthritis, cancer.

Pat found the course, **Living a healthy life with long term conditions**, very worthwhile. She said, 'It made me realise that I need to focus on doing something specific for the week, then I felt I'd achieved something.' Chris commented that the course is all about problem solving and becoming your own best manager. She wondered if she'd manage to turn up at the 6 sessions of this course, but found it interesting enough to make the sometimes physical efforts to attend.

The course, with about 8-10 participants, was run by a nurse and social worker and followed the format of a handbook developed in the USA. There was time to discuss individual problems and no-one was allowed to dominate for too long. The co-ordinators kept things moving. There was always a tea break which gave them an opportunity to socialise and examine helpful publications laid out on a table.

The course runs for two and a half hours, once a week for six weeks. Sessions deal with managing your

symptoms, including pain, fatigue, depression as well as looking at nutrition, exercise, better breathing, medication and so on. Sessions also look at planning your days, making decisions and problem solving. There was homework to do – you needed to set a goal for the day or the week such as drink more water or do more walking and write about your daily accomplishments

Chris and Pat both liked this emphasis. They felt it was so easy to fritter your time away – that it's good to set goals for each day or week even if they are little ones, like going for a walk regularly. They like the 'buddy' system that the facilitators set up where you kept in contact with another member from the group for mutual support. Chris has been in contact with her buddy since June 2009 and says, 'it's been nice to find a "buddy" with empathy and a positive attitude.' This course is held in different parts of Canberra at different times of the day or evening. If you would like to know more or register an interest, phone Community Health Intake on 62074 9977 between 8-5 Monday to Friday.



For more information, see www.lungfoundation.com.au

More information on European *Year of the Lung* activities, see: http://www.ersnet.org/yearofthelung More information on worldwide *Year of the Lung* activities, see: www.2010yearofthelung.org

#### **Equity** in treatment

Over thirty years ago, Richard Wright was sandblasting barges in Darwin, and inside inspection plates, blasting and cleaning out in the confined space of the RAF bulk fuel tanks. In 1992, he was diagnosed with silicosis, a lung disease caused by exposure to toxic dust in the workplace.

For years, Richard has been struggling to get equity in treatment and support for himself and for others with dust diseases. He is currently the convenor of the Australian Dust Diseases Coalition. At the moment, NSW is the only State or Territory with a Dust Diseases Board that deals with compensation for such work related diseases, providing for costs for treatment, physiotherapy, modifications for the home and bathroom, including ramps, and even for such items as special beds that give more comfort. The Board also provides a benefit for the family.

If you live anywhere else in Australia, you get no assistance. Tom Broers and his brother both worked for an ACT firm both in ACT and in NSW. They bought asbestos sheet from Blackwoods. His brother later worked for a Queanbeyan firm for a short time and Tom became self-employed. His brother has a pension from the NSW Dust Board, also an electric scooter, among other benefits and most of his medical costs. Tom applied to the NSW Dust Board who told him to apply to the ACT Government as he had only worked with an ACT firm although he had worked quite often in NSW. The NSW Dust Diseases Board would not consider helping him in any way. Tom gets no assistance apart from the pension.

Four years ago in 2006, the Senate handed down its finding from an inquiry it set up into dust diseases, *Workplace Inquiry to Toxic Dust Exposure*. The Senate Inquiry recommended, among other points,

- improved and consistent collection of data, including mandatory reporting, in order to have the evidence on toxic dust exposure.
- better health surveillance and testing for lung disease on employees.
- dissemination of information on toxic dust to health and medical professionals and a national campaign to raise awareness awareness of the hazards of toxic dust.
- Enforcement of standards of hazardous regulations,
- an increase in the number of occupational hygienists trained and employed by regulators
- nationally consistent standards.

But what affects Richard and Tom now is the recommendation that nationally consistent identification, assessment and compensation mechanisms for people affected and their families to be at least the current NSW standard. This includes removing the statute of limitations that restrict legal proceedings as NSW has done. They would like to have the same compensation as their counterparts in NSW and cannot understand why the Governments haven't moved on it.

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## Forum: "Walking the Talk on self management of chronic disease"

12 - 2pm on Fri 30 April 2010; Where Rm 8 Griffin Centre

This forum was the first of three to be held during the year dealing with the management of chronic disease. Speakers were Assoc Prof Paul Dugdale, Director of Chronic Disease Management, and convener of the Masters of Public Health at ANU medical school who talked about the changing approach to chronic disease that is going on in our health system. The second speaker was Rebecca Vassarotti, Executive Director, YWCA Canberra, who talked about how the YWCA welcomes people with chronic disease into their community activities. After the talks, Tim Gavel from the ABC lead a walk through the Mall to indicate a simple and effective way to get people out to enjoy social and physical activities.

**Paul Dugdale** has the responsibility to plan and manage the local health system to serve the local population's health needs. He believes that the way the local health systems are organised and run makes it difficult for the person to manage their chronic disease. He believes that they need a more flexible client centered approach. He argues that it's important to get non-hospital care up and running. At the moment Australia's use of hospitals is at the upper end of OECD countries but hospitals should be the last resort. Community based care needs to be expanded and better organised to bring hospitalisation rates down, leaving hospitals to provide care for acute episodes in chronic disease.

He argues that there needs to be a cultural change in health system – that health care is not more complicated than other industries such as hospitality and travel and can adopt some of their customer focused scheduling technologies. Already available technologies include on line booking systems, recall and reminder systems, use of logistics software to schedule long chains of sequential services to optimise time use, electronic health record accessible wherever the patient is, radio tracking of patients and health professionals for better communication, as well as more flexible work arrangements..

Uses of these have led to increased productivity by organisations that have accommodated a work-life balance for their workers, and the gains have been shared between better profits and higher wages. Paul Dugdale notes

that they are working on a parallel analysis for chronic disease policy to improve health outcomes for people with chronic disease.

Chronic disease management can be improved through policies promoting health-life balance. These aim to maximise patient quality of life in the present and future; and reorient the culture and day to day practices of health services toward the achievement of this balance for their patients. This must be reflected in the chronic disease policy.

**Rebecca Vassarotti** spoke about the YWCA which is a global movement for women only. The YWCA a large service provider in ACT dealing with areas such as child care; abuse, homelessness, community development. They have accredited training and an advocacy role, supporting women to achieve their potential.

Rebecca believes the YWCA has a welcoming approach to people with chronic disease. The YWCA's values include promoting equity and fairness; supporting diversity – race, religion, gender etc; and encouraging self determination and empowerment. This ensures all members of the community can participate in their activities. She sees YWCA's role as connecting people, creating a supportive arrangement, and normalising activities. Staff are trained in awareness; programs are designed and structured with a 'light' touch – ie incorporating a general level of acceptability – people with chronic disease are not marked out as special.

The YWCA's role is to respond to particular needs. It needs to create events where people can talk about their needs, getting assistance from external agencies such as health professionals where necessary.

The YWCA has an integrated service delivery which is more tailored and responsive to the clients, helping to create a sense of wellbeing. It brings together people with chronic disease, health professionals and academics involved with chronic disease.

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### **Dates for your diary**

**Friday 27 August** National Tree Planting Day to commemorate those who have passed away from lung cancer (of which there are more than 7000 a year (also Daffodil Day)

**Thursday 14 October** World Spirometry Day – part of **2010 Year of the Lung** activities - involving public lung testing in hospitals and clinics around the world

**18-24 October** Carers Week

November lung awareness month

Wednesday 17 November World COPD Day

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