

## Case study 12: In the heart of the community

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*A collaboration between a DHB, a PHO, a Māori health provider and a non-profit sporting body has seen delivery of a Cardiac Rehabilitation programme successfully transition from secondary hospital services 'ownership' to the community.*

At the beginning of 2010, **Tairāwhiti District Health Board** sought to divest itself of services that could be more appropriately provided in the community.

The DHB approached the PHO as contract holder, and two other local providers (**Turanga Health** and **Sport Gisborne Tairāwhiti**) partnered with **Turanganui PHO** (now part of the **Midlands Health Network**) to deliver a community-based Phase II Cardiac Rehabilitation Programme. Each organisation brought different skills, resources and connections to the collaboration, which continues to go from strength-to-strength.

The PHO contributed a half-time nurse co-ordinator, as well as the support systems for receiving and processing referrals, direct linkages to general practice IT systems and fund-holding functions. Clinical leadership, quality monitoring and maintaining excellent collegial relationships with clinicians at the hospital are vital parts of the co-ordination role.

A key requirement for the new initiative was a suitable venue, and Turanga Health was able to contribute use of its gymnasium, as well as a registered nurse to work in the team during gym sessions. A kaiāwhina was made available so programme participants with transport difficulties could be 'taxied' to and from the venue.

"The Gisborne programme had previously been run at the hospital's physiotherapy department and the facilities were not ideal. The hospital is located on the outskirts of town and public transport in Gisborne is not fantastic, so people without cars were largely excluded," says Carol Ford, registered nurse and rehab programme co-ordinator from Midlands Health Network.

"As well as this, the hospital is generally perceived as a place to go when you are sick. This programme focuses very much on wellness, so is so much more appropriately located in a community setting, closer to where people are living their lives day-to-day."

As an iwi health provider to three Turanga iwi (Ngai Tamanuhiri, Rongowhakaata, and Te Aitanga a Mahaki), Turanga Health is influential in the Gisborne community. Turanga Health's vision is 'kia whai oranga-a-whānau mo nga whakatipuranga' or 'building family wellness for future generations'.

"Whether it be promoting healthy lifestyles, giving health advice, attending health meetings or simply answering the phone, our behaviour will be consistent with the implicit teachings of our tipuna," says Reweti Ropiha, chief executive of Turanga Health.

These teachings fit well with Cardiac Rehab programmes, which are internationally-recognised best practice for people after a heart event or surgery.

"The aim is to prevent further cardiovascular events by educating, motivating and empowering people to initiate and maintain healthy lifestyle changes. When they begin, the majority of participants have not been regularly physically active. Their recent cardiac events create a unique motivator for making changes, [but] people experience great uncertainty as to what level of exercise is safe and desirable," says Carol Ford.

Toni Hoskin, Leader of Sport Gisborne's Active Health team contributes her expertise in exercise motivation and coaching to the Cardiac Rehab programme. Sport Gisborne also provides the Green Prescription service in Gisborne, which empowers individuals and whānau to make positive lifestyle changes with respect to physical activity and food choices through practical information, relevant/appropriate support and genuine encouragement.

The Cardiac Rehab programme provides 'coaching' appropriate to the needs and preferences of each person. Activity levels are increased incrementally and heart monitoring is provided during exercise.

"Naturally there are benefits from the experience of sharing this journey with others who have similar health issues," observes Carol.

Referrals come from both the DHB cardiac services team and from general practice, and a comprehensive assessment in the person's home, looking at their whole situation is the first step.

"Issues not directly related to health but which may be impacting greatly on people's capacity to look after themselves well are commonly revealed and we are able, when necessary, to link people into a variety of support services before they even begin the programme," explains Carol.

Examples include advice and support to address unmanaged health issues of other family members, referral to a social worker for assistance to purchase suitable walking shoes or dentures, help with housing issues or assistance with transport to the programme and to specialist appointments.

"Problems with understanding medications are more easily identified and addressed when you sit with a person at their kitchen table and observe first hand their handling of the pills," says Carol.

"The assessment provides many wonderful opportunities for educating and reassuring both the patient and their whānau. Maximising the services of their general practice is very strongly encouraged."

The programme's multi-disciplinary delivery team comprises staff of all the joint venture partners.

"When the programme is running in the gym it can be 'full-on'," says Toni Hoskin, "so we need to communicate well with each other during the sessions.

"An important element is building each person's confidence to decide for themselves what is safe and what is enough," explains Toni.

"We help them develop an exercise routine – something they will like and therefore be more likely to stick with after the eight weeks is finished – and at the end of the programme, we can also link individuals into suitable community exercise activities."

"We also use other community providers for the education components," says Carol, before giving the examples of the pharmacist, dietician, St John, Presbyterian Support and primary mental health services.

"Family members are warmly welcomed as well, since we know that support at home for people making significant lifestyle changes is very important."

The Toi-Ora (*towards optimum wellness*) Cardiac Rehab programme is co-run with a *Better Breathing* programme for people with long-term breathing disorders.

“This programme helps a group of people who are very breathless (for example as a result of emphysema or heart failure) and who are likely to slowly get more unwell over time,” says Carol.

In *Better Breathing*, people learn exercises appropriate to their age, condition and preferences and experience how even a small improvement in fitness can reduce their breathlessness and enhance their sense of well-being and ability to participate in life.

“We have witnessed some amazing transformations,” says Carol.

“For both programmes, there is pre and post-testing. The pre-testing helps us assess the individual’s current level of fitness, their balance and their strength, which guides their exercise programme. Post-testing numbers enable us to monitor the effectiveness of the programme,” explains Toni.

“All participants are provided with certificates at the end of the programmes, which include these recordings and show the improvements they make. This in itself is motivating,” says Carol.

Health literacy is always on the minds of the delivery team, who have committed to monitor each other’s language and continually check with participants that messages are understood. A recent innovation in dissecting sheep hearts, in a bid to approach education around heart disease in a less verbal way, has been extremely well received.

“This has resulted in people asking some very down-to-earth questions, which they were too shy to ask before,” continues Carol.

“We’re fine-tuning and trying new approaches all the time.”

Each organisation’s reach into other areas or support is an overall strength of the service.

“For example we frequently refer people from the *Better Breathing* programme to Turanga Health’s Mirimiri (massage) service,” says Carol enthusiastically.

“This especially helps with relaxing the shoulders, improving the posture, slowing down breathing, opening up the chest to make more room.

“At the end of the programme it is valuable to be able to link some of the men into the very supportive and sociable Turanga Health men’s health programme, which provides a bus service to the local pool and gym, a walking group and a wonderful Kaumatua programme. Ill health sometimes results in social isolation and this group can really help.

“Sport Gisborne has walking groups and gym groups at different levels, a nutritionist service, and direct links to a number of other community activities. We link people in with these.”

Toni thinks the fact Gisborne is a small community is also an advantage.

“A lot of our spheres of influence cross over, so we are in a better position to offer a whole service or holistic approach, and be quite responsive.

“When we bring all that together, it means we are able to really personalise and individualise what we can offer people. The different skill-sets, coupled with the personalities means the service we offer can be quite life-changing,” says Toni.

“We did have inter-organisation relationships before, but they were not as strong. Now we have a lot more comprehensive understanding and knowledge of what each other does,” explains Toni.

The partners all agree that being based in the community and closely linked with primary care, rather than the hospital, is a key to their programme’s success.

“People are more likely to come if it’s in the community. Looking at some of the people we’ve got on the programme now, I don’t think they’d turn up if it were at the hospital. The location is more convenient and we can bring a lot more flexibility to how we deliver it,” agrees Reweti.

“It’s about making ‘the invisibles’ visible – reaching the people who the system doesn’t usually get to.”

Almost all other Phase II Cardiac Rehab programmes in New Zealand are delivered by hospital staff, although not always on the hospital site. (Kaikohe, Whangarei, Auckland, Hamilton, and Christchurch provide programmes based in church or community halls, Napier, Whanganui, Dunedin and Invercargill have programmes in local gymnasiums, and Palmerston North, Horowhenua and Kapiti deliver theirs at local health centres.<sup>1</sup>) The Gisborne team believes theirs may be the only fully-integrated programme provided by a collaboration of community-based organisations including NGOs.

“It would be great to have more time, more money, more groups so we can provide maximum opportunity for maximum change. It would be great to find a way to help people over a longer period of time, and link with more providers,” says Toni, who is keen to meet with the DHB and Midlands Health Network to discuss possibilities.

“There’s great potential for the programme to grow. Almost everyone who suffers a long-term health condition can benefit from understanding and experiencing how increased physical activity can help them,” agrees Carol.

Expansion into rural areas is another possibility. Currently people living outside the city boundaries are unlikely to participate because of travel distances. The Heart Foundation has a programme suitable for home use, however this is not presently resourced in the Gisborne area.

“The team is currently working to support one rural nurse to provide home-based coaching and support for a particular cardiac client. This may be the beginning of improving access for our rural people,” explains Carol.

**More information:** [www.turangahealth.co.nz](http://www.turangahealth.co.nz) or [www.sportgisborne.org.nz](http://www.sportgisborne.org.nz) or [www.Midlandshn.health.nz](http://www.Midlandshn.health.nz)

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See [www.ngo.health.govt.nz](http://www.ngo.health.govt.nz) for more of the report.

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<sup>1</sup> [NZ Directory of Cardiac Rehabilitation Programmes](#), Heart Foundation, January 2011.