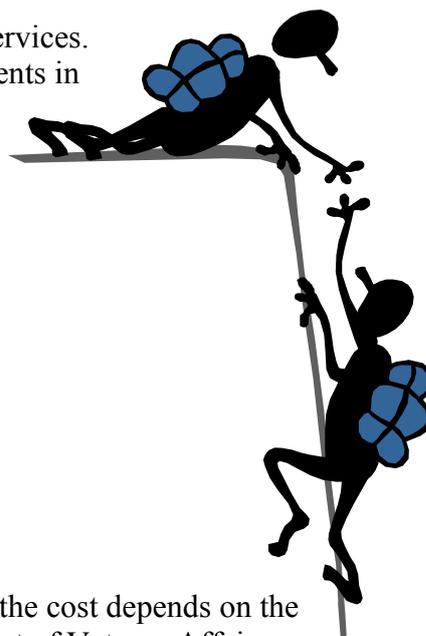


Home Help

Our speaker for the morning was Elaine Smith from Home Help Services. Elaine spoke about the services Home Help provides to support clients in their own home for as long as possible. Home Help has approximately 200 support workers who are trained on a 1 on 1 basis with each client. A buddy system has been organised to help train new staff.



Home Help Support Workers can help in such areas as:

- personal care
- domestic assistance
- hanging out washing
- home modifications eg grab rails, bathroom adaptations
- linen service
- home and garden maintenance – for SAFETY reasons.

Home Help is a government subsidised program and consequently the cost depends on the income coming into the home. Veterans can apply to the Department of Veteran Affairs Home Care Program for assistance. Home Help is currently in the process of combining with Tandem, who mainly deal with young disabled people. This stratagem will provide a broader, more unified service.

People needing Home Help can register on line at www.homehelp.org.au or call the intake team (to be put on a wait list) on 6126 9300.

Problems with sitting

Helen Cotter

Health problems associated with sitting for hours on end are as risky as smoking. Unbroken sitting is linked with chronic illnesses such as heart disease and diabetes and even premature death. It's important to break the sitting by standing up and moving around.

Source: *Taking a stand against sitting* By Melissa Davey, CT 3 June 2013

Review of website: Check Your Symptoms

Helen Cotter

This is an easy-to-use website, which enables you to check your symptoms. You need to click on **symptom checker** and answer 2 questions about your age and gender. You then take three steps:

1. Choose the symptom – from a picture of a body or from a list of symptoms.
2. Review your choices
3. Check from the list of possible symptoms and learn more

Of course, this can be only very general but may be a useful first step in knowing what to do about your symptoms. The site also looks at a wide range of other medical, health and well-being topics.

Source: www.medicinenet.com

In the front yard of a Funeral Home: "Drive carefully. We'll wait."

The ACT Chronic Disease Strategy 2008-2011 (the Strategy)

Helen Cotter

The Strategy has made considerable progress ensuring chronic disease prevention, detection and management is coordinated, collaborative and interprofessional and addresses the needs of specific groups.

Specific achievements over the lifetime of the Strategy (*relevant to us*) are as follows:

- **Get Healthy Information and Coaching Service** is a free and confidential telephone based service providing information and ongoing coaching support to ACT adults who would like to eat healthier, be more active, or achieve and maintain a healthy weight.
- **Self-Management of Chronic Conditions Program** aims to enhance the capacity of individuals to self manage their chronic disease.
- **Home Tele-monitoring Service** provides remote monitoring of patients where daily monitoring at home can assist with stabilisation of their condition. Eligible patients include those with chronic heart failure, chronic obstructive pulmonary disease (COPD) or diabetes.
- **Improving Care for People with Chronic Conditions (Chronic Care) Program** provides care coordination for people with chronic obstructive pulmonary disease, diabetes and heart failure. The Chronic Disease Management Unit established a register of people who have chronic health conditions. The *Register* tracks the care coordination and preventative health care of patients with chronic heart failure, chronic obstructive pulmonary disease and diabetes as well as the patients of a number of chronic disease care units.
- **Chronic Disease Telephone Coaching Service** aims to assist people with less complex chronic diseases by providing them with regular contact for health and lifestyle advice and support. People enrolled in the program receive regular phone calls from a registered nurse to discuss their condition and work towards achieving their personal health goals. The service is operated by Medibank Health Solutions with funding provided by ACT Health.

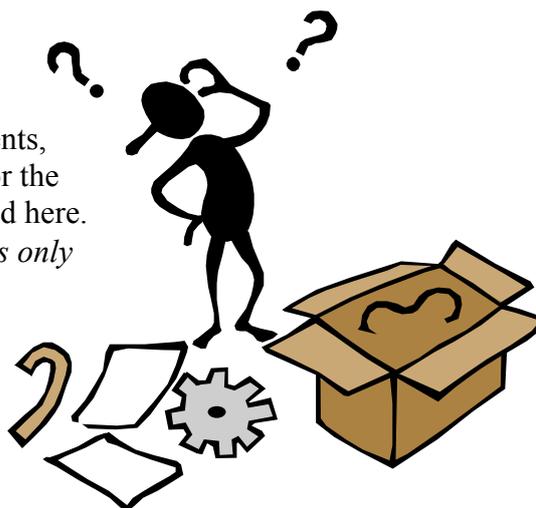


From *ACT Chronic Conditions Strategy pp 30/ 31 of 35*

Comments by consumers, clients, carers and providers

Some of the comments received from consumers, clients, carers and providers during the initial consultation for the ACT Chronic Conditions Strategy (2013) are repeated here.

- *Conditions don't shut down – why are services only provided 9 – 5.*
- *I had to wait 6 months to see a specialist here after being diagnosed with my condition in Sydney.*
- *You are not looking at this from the perspective of the people who are sick. Information needs to be tailored to consumer understanding. Doctors are not listening.*
- *When you're not well, trying to navigate poorly designed transport systems is almost impossible. You then can't get to appointments or access aids. You can be seen as being 'non-compliant'.*
- *If you don't have anyone looking after you, it makes it hard to abide by the rules. You also can't plan for anything when the services are so secretive and you don't know what time surgery or discharge will be.*



- *Specialists are great but they so often have such a narrow focus of just one disease. I have seven. I would love all my specialists to get together in one room and discuss my plan.*
- *My oxygen machine broke on a Friday night – the only person I could get on to who could help was in Sydney and said that the part should get to me by Tuesday.*
- *We must not forget that many patients like to tell their story. This is different from telling you about their treatment regime.*
- *We need a re-emergence of the general medical specialist to be able to manage chronic conditions and their co-morbidities.*
- *Raising awareness about chronic conditions is a challenge – they are not very ‘sexy’.*
- *People are often given a disease label and thrown into the mix to find their own way.*
- *We need to retrain health professionals to help them become involved in decision making, providing options and choices for people, and not just communicate and impose a decision already made.*

ACT Chronic Conditions Strategy pp 33 of 35

In next month's Newsletter we will look at the *ACT Health Chronic Conditions Strategy 2013* and learn what has been accomplished and what is to be the emphasis for the future.



What: Christmas in July
When: Tuesday 2 July 2013
Where: The Burns Club
Time: 12.00 for 12.30 pm

Bring yourself, your good cheer and your \$\$\$ for the auction. Money raised will go to our club for incidental expenses, now and in the future.

Emergency Plans

Helen Reynolds

Plans have become very important. Not all of us are into “Planning”! Consequently your intrepid co-ordinator has decided it's time we all faced the problem of designing a personal plan which will address all emergency contingencies. To that end included in this Newsletter are just a sample of suggestions to assist you in this task.

- * Approach hospital/family/friends to register intentions re personal Action Plan for Power Outages/Emergencies (bushfire).
- * Have torches and battery-operated radio and telephone available for use in an emergency for information pertaining to the emergency.
- * Case packed with what is deemed important in the way of medication, toiletries, clothing, and photocopies of important documents eg Medical Action Plan.
- * Easy to find case for machines eg nebuliser.
- * Plan for transport to destination - ambulance, family member, friend.
- * Have a torch available if lighting is required.
- * Shut the power off at the outlet of the stationary concentrator.
- * Use the medical oxygen back-up cylinder or portable medical oxygen cylinder.
- * Turn the flow rate on the medical oxygen cylinder to _____ LPM.
- * Contact the electricity supplier to see how long the power failure will last.
- * Review Oxygen Emergency Plan bi-annually or more frequently if there is a change in your oxygen needs.
- * Get in touch with the appropriate contacts as documented on my emergency contact list.

Emergency Contacts (An example of a way to set it out.)

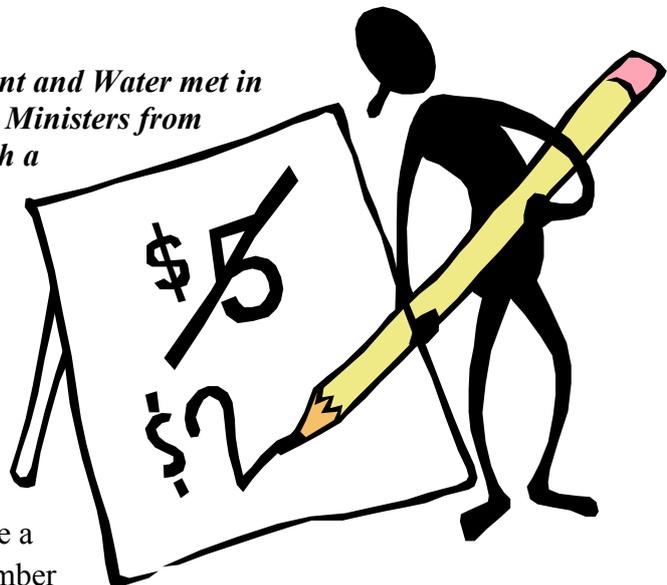
Contacts	Company/Name	Telephone No.
Family member Carer Police State Emergency Ambulance Community Health Centre Electrical Supplier Primary Physician Physician other Primary Carer Neighbour Friend Home Oxygen Supplier		
Other		
If a telephone is unavailable my plan is:		
Other important information:		

- * Limit my physical activity and stay calm and relaxed.
- * Listen to the radio for updates.

Source: *Air Liquide Healthcare* www.airliquidehealthcare.com.au

Air Pollution Helen Cotter

The COAG Standing Council on Environment and Water met in April 2013 in Wellington, NZ. Environment Ministers from across Australia and New Zealand along with a representative from the Australian Local Government Association agreed to a work plan for 2013-14 focusing on progressing national water reform, national waste policy and air quality improvements. This is their communique on Air Quality.



Air quality in Australia is generally good, however a number of significant air quality challenges remain. Wood smoke emissions are a significant contributor to air pollution in a number of jurisdictions.

Ministers agreed to the release of a Consultation Regulation Impact Statement on reducing emissions from wood heaters. This Consultation Regulation Impact Statement explores options for a national policy and/or regulatory framework for reducing emissions from wood heaters and is an important element of the work program in the development of a National Plan for Clean Air.

Good to see an Australia/New Zealand combined approach to the issue.

Source: www.scew.gov.au

When breathlessness or fatigue limit your ability to commence, continue or complete an activity remember to **PLAN, PREPARE, PACE and PAUSE**.

PLAN how to carry out the task.
PREPARE all articles needed to complete the task.
PACE yourself and take your time.
PAUSE and rest whenever needed.



Source: *Better Living with Chronic Obstructive Pulmonary Disease, Lung Foundation Australia*

The A to Z of Preventative Health Care (D)

Chris Moyle

Diet

For strong bones eat calcium rich foods. After age 51 women need 1,200 milligrams every day and men need the same amount by age 71. The best source of calcium is milk and dairy products. A single 8 ounce cup of milk, whether full cream, skim or low fat, has 300 milligrams of calcium.

Calcium is also plentiful in dark green leafy vegetables such as bok choy, Chinese cabbage and kale. Sardines, nuts and seeds, soy foods and salmon are also good sources of calcium. Half a cup of calcium-enriched tofu contains as much as 861 milligrams of calcium, but calcium is not the only mineral that gives bones a leg up. New research suggests plant-based chemicals called isoflavones strengthen bone density as well. Isoflavones are plentiful in soy foods, such as tofu, and appear to have an estrogen-like effect on the body. This may make soy useful in warding off bone disease in postmenopausal women.



Warning! Do limit salt intake. The more salt you consume, the more calcium gets carried away in the urine.

Dr Ross Walker (cardiologist) tells us to “eat natural foods like fish, eggs, meat, dairy and vegetables. Most dietitians agree we should eat 2-3 pieces of fruit and 3-5 serves of vegetables per day”.

Dr Oz (Prime TV), speaking on the anti-cancer diet, promotes:

- * the inclusion of kelp, kale and green leafy vegetables
- * yogurt
- * dark berries and green tea (containing anti-oxidants)
- * flax seeds (fibre)
- * quinoa (an excellent source of calcium which also has fibre to help prevent colon cancer)
- * onions and garlic with their quercetin and allicin (chemicals which help relax the lungs)
- * broccoli which helps the liver detoxify itself to help prevent cancer
- * cocoa and dark chocolate (70%+) in moderation
- * also check vitamin D levels

Source: http://www.medicinenet.com/super_foods_for_our_bones-pictures-slideshow/article.htm