

Community outreach for reducing health inequalities:

A collaboration model between hospital and indigenous community to reduce health inequality in rural area.

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Parallel session O3.7, Friday, April 16, 11.00-12.30

Organisation 18th Health Promoting Hospitals Conference & Exhibition, 2010, Manchester

Introduction

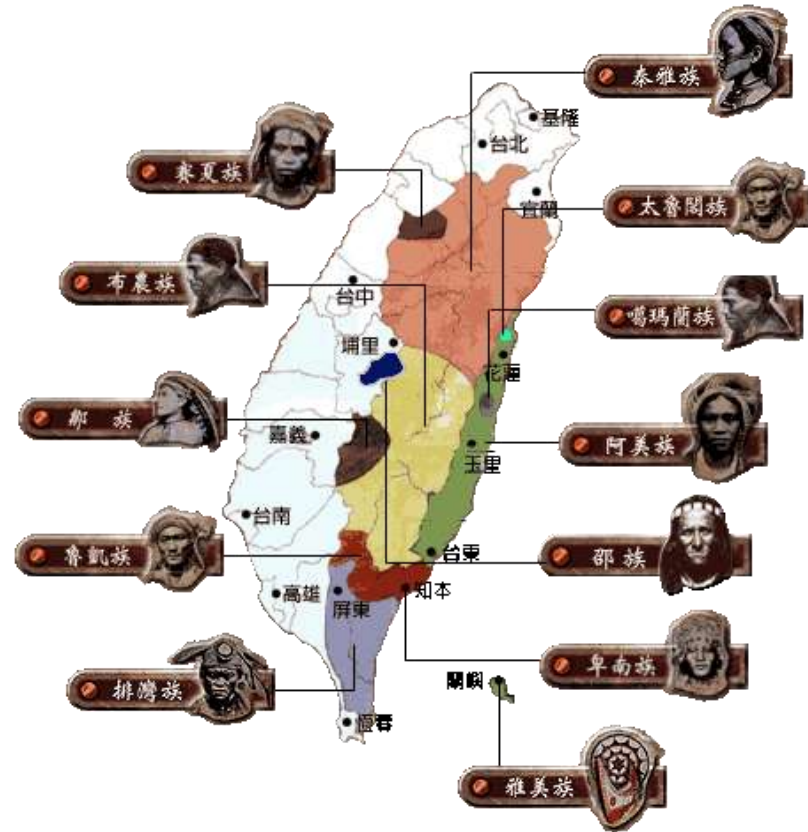
- Indigenous people living in rural area are suffered from poor health status
 - unavailable of medical service, environmental isolation, poorer socioeconomic status, etc.
- Tzuchi hospital provides mobile medical services twice a week under “Integrated Delivery Service program (IDS)” funded by bureau of National Health Insurance.
- The local people have difficulty in accessing medical service during off-hour time.
- Self care is predominated in this situation
 - Especially for minor illness
 - Self medication is an important issue
 - Quality of care is variable

Purpose / Methods

- The hospital based collaboration model has been developed to empower indigenous inhabitants on self care for minor medical condition.
 - Minor illness: headache, fever, common cold, stomachache, diarrhea, low back pain.
- The IDS staffs are cooperators between hospitals and communities.
- Easily access Self Care Medical Spots (ESCMS) are established as supportive network.
 - Non-prescription drugs
 - Medical box for superficial injuries
 - Reference book to self care
 - 24-hr medical consultation line
 - Thermometer
- Volunteers are trained to manage ESCMSs and assist local people utilizing resources.
- All services are under supervision by hospital staff.



	Lidau village	Wulu village
From nearest hospital	36km	27km
Traffic time (mountain road)	1Hr	40 mins
Population statistics (2009/11)	<ul style="list-style-type: none"> •1 Bunun community •84 households • 350 persons •M 179 •F 171 	<ul style="list-style-type: none"> •2 Bunun communities •95 households •371 persons •M 195 •F 176





Mobilizing community

- interview key persons (chief,IDS staff, store owners, policeman etc.)
- recruit volunteers

Evaluation

- IDS staff: supervise and supply ESCMS
- records of utilizing ESCMS' services
- posttest survey/data analysis
- feedback

Community involvement

- volunteers
- IDS staffs
- local people

Data analysis

- pretest survey (self care needs, minor illness condition)
- involve volunteer into data collection and analysis

Intervention

- develop intervention with volunteers and IDS staffs (health education, medical box, ESCMS, Reference book, medical consultation line)
- identify working groups/preparation of community resources
- applying health education/put up poster/provide leaflet

Set Priorities

- Minor illness needs (by data and key person's opinions): headache, fever, common colds, stomachache, diarrhea, lumbago
- target groups: healthy adults

ESCMS volunteer

- ESCMS : in volunteer's home
 - Resources
 - Non-prescription drugs for minor illness
 - Medical materials for superficial injuries
 - Reference book to self care
 - Contact doctor (24-hr medical consultation line)
 - Thermometer
 - Volunteer's responsibility
 - Assist local people to utilize drugs/medical material
 - Supplement medical box
 - Record the amount and the expire date of each medical resources
 - Record using information (name, date, drugs, symptoms, adverse effects, etc.)
 - Contact IDS staff for supplying resources, self care problems

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頭痛/發燒、感冒、拉肚子、胃痛、背痛



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*慈濟醫院巡迴醫療服務時間：利稻(星期二下午、星期五晚上、星期六早上)、霧鹿(星期二晚上、星期五下午)。





Results

- 10 ESCMSs have been established in 3 rural indigenous communities since Nov. 2008.
 - more than 320 non-prescription drug services
 - over 100 medical box and reference book services
 - 6 medical consultation line services
 - Posttest: 80.6% knew ESCMS
 - Non-prescription drugs for minor illness: knew(92.5%)、used(62.5%)
- The ESCMSs' services improved individual confidence about self care for headache, common cold, diarrhea and lumbago ($p < 0.05$), changed self medication behavior ($p < 0.05$) and reduced needs of medical consultation outside the community (-2.06 times/year).

Self medication

- After the ESCMS intervention, behavior had changed
 - Drugs form:
 - doctor: lesser
 - From ESCMS: increased
 - Overall prevalence of self medication: equal
 - People who had taken drugs from ESCMS → felt lesser need for self medication (home preparation)
 - Because ESCMS was a convenient place to take safe and effective non-prescription drugs for minor illness
 - Lesser unsafe self medication behavior after ESCMS services
 - Safer storage place, much clear on drug indication and usage
 - Lesser adverse effects compared with home preparation (before intervention)

Conclusions

- The collaboration model can increase personal confidence about self care for minor illnesses and reduce the needs to use medical service outside the community.
- Local people are willing to involve into the network and to utilize the resources from ESCMSs to help themselves on self care.
- Local volunteers can apply the services for local people in minor medical condition and maintain good accessibility.
- Supports and cooperation from hospital professionals make the model safe and update.



Comments

- By integration of communities and hospitals, we have developed an effective and convenient environment for self care and that is one way to decrease the health inequality in rural area.
- Through continuous program evaluation and experience sharing with community members, we want to build up a sustained collaboration model and disseminate to other indigenous communities.



慈濟醫學中心

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Thank you for your attention~

