

DID: Fast Facts

- ▶ **Aim**
To reduce loneliness, social isolation and build inclusive communities (social capital¹) to improve health & wellbeing in the Bayside LGA
- ▶ **Who initiated DID**
SESLHD partnered with Bayside Council's Community Capacity Building Team
- ▶ **Where**
Bayside Local Government Area
- ▶ **Phase One**
2016/2017
- ▶ **How many & how much**
20 grants were awarded, ranging from \$2K - \$10 each
- ▶ **People reached**
10,500
- ▶ **Achievements**
Increased social connection; Improved wellbeing & self-reported health status; Increased skills; Enhanced sense of welcoming community; Shift in community mindset to feeling more in control of their health & wellbeing

Doing It Differently

Community Grants Initiative

Health Happens in Communities



Phase One Report

Doing It Differently: Why?

“Why treat people and send them back to the conditions that made them sick?”²

As President of the World Medical Association, Professor Michael Marmot highlighted, there is a need for governments to do more than provide universal, integrated healthcare; they must do so within the context of creating communities, schools, homes and workplaces to positively influence health. For this, governments must do things differently.



If Australian governments adopted the World Health Organisation’s (WHO) recommendations to invest in action on the social determinants of health, it is estimated that:

- 500,000 Australians could avoid suffering a chronic illness;
- 170,000 extra Australians could enter the workforce, generating \$8 billion in extra earnings;
- Annual savings of \$4 billion in welfare support payments could be made;
- 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of \$2.3 billion in hospital expenditure;
- 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of \$273 million;
- 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of \$184.5 million each year³.

The New South Wales Government has a critical role in keeping people healthy and out of hospital, and has mapped a way forward in the *NSW Health State Plan Towards 2021*⁴. The South Eastern Sydney Local Health District (SESLHD) is actioning this Plan to transform the health system through its recently developed strategy, *Journey to Excellence 2018-2021*⁵. Of the strategy’s five priority themes, “community wellbeing and health equity” sets a direction for improving the health and wellbeing of the local population.

A new SESLHD and Bayside Council community grants initiative, “Doing It Differently” (DID) plays an essential role to achieving this direction. DID recognises the communities we are born, live, work and socialise in, have a significant influence on how healthy we are⁶.

Figure 1:
Transforming the health system to achieve SESLHD’s vision:
Exceptional Care, Healthier Lives



Acknowledgment: Adapted from the Kings Fund, England ⁷

¹ Social Capital can be defined as the links, shared values and understandings in society that enable individuals and groups to trust each other and work together, contributing to positive health and wellbeing outcomes

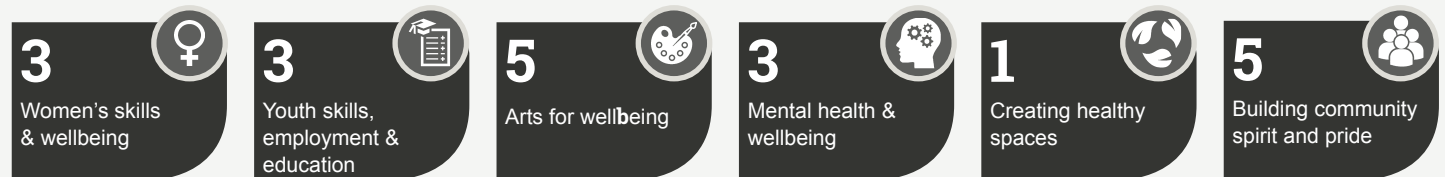
Doing It Differently: **How?**

DID took an innovative community development approach known as Asset Based Community Development (ABCD) to focus on abilities, aspirations and potential, rather than problems and deficits and to discover and mobilise resources already present in a community.

This approach influenced a simple application process which included a one-page form and a “speed-dating-pitch-your-project-night”, where the panel heard directly from community members about their projects in order to assess applications.

The ABCD approach allowed for a participatory community process at all stages including planning, implementation and evaluation, all of which were co-designed with members of the local community. Prior to the grant application due date, a series of ABCD workshops were offered to provide community members practical tools to identify and mobilise community assets and form project ideas.

What kind of projects did we fund?



DID includes but goes beyond healthcare and service delivery to create wellness in communities. DID recognises communities as experts in their own lives and leverages their strengths to facilitate action on the social determinants of health, which have considerable impact on people's health and wellbeing⁸. As this report will demonstrate, in just 12 months, DID has significantly improved the lives of those involved.

“I do think it [DID] is one of the most imaginative grants processes around ...”

DID grant recipient

“We have thoroughly enjoyed the opportunity to converse in person and deliver the true meaning of our project. We wish all Grants Process followed this innovative way of thinking”

DID grant recipient

Doing It Differently: Addressing Loneliness

DID is addressing loneliness and social isolation in local communities by facilitating opportunities for people to connect, belong, take part, engage, feel useful and have something to look forward to.

The human need to connect is as fundamental for health and wellbeing, as the need for food and water⁹. The rising rate of loneliness and its link to poor health is gaining global traction in the political and health-policy sphere where it is widely acknowledged as an epidemic that increases the risk of cardiovascular disease, dementia, depression, anxiety and premature death¹⁰.

Research prompting the appointment of the UK Minister for Loneliness in January 2018, found that nine million people in Britain suffered from loneliness¹¹. Additional research found more than three quarters of doctors surveyed, typically saw between one and five patients daily whose main reason for seeing the doctor was loneliness¹².

In Australia, one in four households are occupied by people living alone¹³. This is reflected locally in Bayside LGA, where nearly one in five households are occupied by people living alone¹⁴. As an indicator of loneliness, living alone can be a useful starting point for understanding an individual's level of social isolation¹⁵. Recent research shows people living on their own are more likely to feel increased levels of loneliness¹⁶.

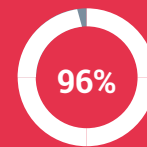
Graph 1 shows the outcomes of a social capital wellness tool tested on a DID-funded project, the Rock & Wool Knitting Group.

The group used knitting for charity as a vehicle to bring people together of all ages and cultures to cultivate conversation, belonging, friendship, promote a more connected community and prevent loneliness.

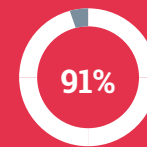


“This group means getting together with other people to socialise which is what I desperately need”

Rock & Wool project participant



I have made new connections whilst attending this group



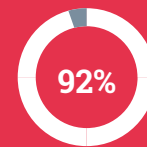
This group helps me realise my own strengths and skills



This group gives me something to look forward to



This group makes me feel more a part of my community



I have made new friends whilst attending this group



This group makes me proud to be part of my community



When I attend this group I socialise with people outside of my normal group

Graph 1

“Another man joined us again pushing his grandchild in a pram not able to speak, he left with a smile as it seemed we were the only people he engaged with at the markets today” DID Grant recipient

Doing It Differently: Achievements

In its first phase, DID led to a significant shift in mindset within the involved communities; from thinking about improving health from a problems and deficits position, to recognising their abilities and potential, which enabled them to gain a stronger sense of control over their lives.

Feeling control and having the opportunity to make decisions is central to health and wellbeing¹⁷. DID achieved this shift in mindset by funding projects that increased skills and social connection, improved wellbeing and created welcoming, inclusive communities, see Graph 2.

✳ Evidence shows these are not simply “feel good” notions, but key ingredients to making both individuals and communities productive, healthy and safe.

“Health happens in communities where people live.... that’s what should drive the way we think about service provision”

Gerry Marr, SESLHD, Chief Executive



Graph 2

1. Increased social connection

The benefits of social connection cannot be overstated. As a predictor of early death, loneliness eclipses obesity and research suggests is the equivalent to smoking 15 cigarettes a day¹⁸. Participants described their increased level of social connection led to new friends and support networks, feelings of belonging, purpose, increased levels of happiness, reduced levels of stress and improved self-worth.

“It’s a form of healing really, because people need to be able to speak to each other” DID project participant

2. Improved wellbeing

As a result of their participation in DID, community members reported improvement in their wellbeing in a number of ways – from improved physical health, improved mental health, greater sense of happiness and increased control over the choices they make about their health.

“...I have lost ten kilos since the program started. I connected with new people on a personal level.

I feel more positive and more energetic. I am eating healthier food now. I wish we have two classes a week...” DID project participant

3. Welcoming, inclusive communities

Participants reported feeling more welcome in their community in addition to experiencing increased levels of civic engagement, mixing with different cultures, ages, religious groups and Socio Economic Status (SES) groups, and increased sense of belonging, reciprocity of support, and feelings of gratitude to others. Evidence shows these are not simply “feel good” notions, but key ingredients to making both individuals and communities productive, healthy and safe¹⁹. The quote from project participant below confirms research in this field, that has found reciprocity, the feeling of being able to receive and give support is vital for mental health and sense of belonging²⁰.

“Being able to create and do art has always been important for my mental health. That gets taken to the next level when it’s in a collective. Because you can be a support network for all these other people and just being able to be united through doing a project, it gives you something to be proud of.”

DID project participant

“I’ve learned new skills and discovered resources within me that I’d never imagined were there”

DID project participant

“Welcoming, inclusive, accepting communities are the heartbeat of good health. Focusing on illness, puts unbearable pressure on our hospital systems... The potential for building resilient, healthy and wealthy communities, is enormous”

Gerry Marr, SESLHD Chief Executive

4. Increased skills

A number of the projects delivered learning and skills development opportunities across a range of subjects, including physical health, mindfulness, parenting skills, coping with stress, photography, knitting, woodwork, and barista training. Project participants reported learning and/or improving their skills, and that doing so resulted in bigger life changes, including employment and education opportunities, physical health benefits, increased confidence, and developing a sense of pride and achievement.

“Angus first visited me in jail 7 months ago. I was scared and anxious, but Exodus [DID funded project] welcomed me immediately. With support...I am now using my sewing skills and screen printing to make clothes for markets and to help our local community groups” DID project participant

Shift in Mindset

By achieving change in the four above mentioned activities, DID has influenced a shift in both community mindset and institutional mindset. The collaborative, strength-based approach used in DID, has influenced a change in practice across a number of teams in SESLHD. DID was awarded the ‘Collaborative Team’ award at the SESLHD Improvement and Innovation Awards in recognition of the strong partnership formed between SESLHD and Bayside Council and the community of Bayside. This recognition is symbolic of the importance SESLHD places on recognising and supporting communities to be the experts in their own health and wellbeing.

Table 1 demonstrates the shift in mindset from how community and institutions in a traditional health system view communities, versus the collaborative & strength based approach used in DID.



Table 1



Community traditionally viewed as:

Problems

Clients

Recipients

Volunteers

Consumers

At-risk/hard to reach populations

People who need help



Community have become:

Problem solvers

The experts

Self sufficient

Leaders making decisions

Partners

Using their strengths/ resources

Participants

Table Adapted from Zappier et al. 2013 ²¹

Doing It Differently: Theory of Change

To see change in health status, governments must do more than address the causes traditionally associated with poor health eg. smoking, drinking, unhealthy patterns of eating and exercising. This framework shows how DID addressed the 'causes of the causes'; the social determinants of health. By doing so, DID has achieved significant outcomes earlier than projected.

All 1-2
year
outcomes

Most
3-6 year
outcomes

One
10-15 year
outcome

What Doing It Differently achieved in 1 year

1-2 years

Change in environment opportunities, exposures and experiences:

- ✓ **Social**
Connection, opportunities for friendship, support networks
- ✓ **Civic engagement**
Opportunities to engage in civic life, volunteer
- ✓ **Economic**
Learn or improve skills leading employment, further study, self sufficiency
- ✓ **Cohesive communities**
Opportunities to build trust, tolerance, inclusiveness & understanding

3-6 years

Change in attitude and understanding so people feel:

- ✓ Empowered, capable and in control
- ✓ Proud
- ✓ Safe & accepted
- ✓ That governing bodies are listening
- ✓ Community are the experts
- ✓ Confident to make different lifestyle choices
- ✓ Hope and potential
- ✓ Empowered to make a difference

3-6 years

Change in behaviour:

- ✓ Employment
- ✓ Education attainment
- ✓ Physical activity
- ✓ Nutrition
- ✓ Stress /anxiety
- Substance abuse
- Tobacco use
- Violent/harmful behaviour

10-15 years

Change in medical conditions that precede disease:

- Obesity
- High blood pressure
- High cholesterol
- High levels of stress
- Mental health problems
- Low birth weight

10-15 years

Change in health status:

- ✓ Self- reported health status
- Cardiovascular disease
- Cancer
- Type 2 Diabetes
- Mental health conditions
- Perinatal mortality & morbidity, inhibited growth and cognitive development²²

Doing It Differently: The Future

While there are promising examples of investment in the social determinants of health from around the world, it is rare for healthcare systems to invest in initiative's like DID unless a strong economic case is made.

However, the significant economic gains from investing in social determinants of health detailed on page two, are only part of the equation. DID has reinforced the real 'gain' from action on social determinants is the improvements that can be made to people's health and wellbeing in SESLHD communities.

DID has shown that when institutions let go of control and create space that enables communities to make decisions about the change they want, genuine community-driven activity is possible and can result in improved social connection; skills; wellbeing; and welcoming, inclusive communities. The successful uptake of DID and the positive outcomes, indicate that SESLHD and Bayside Council did something right. Participants of phase one developed a great sense of ownership which has resulted in sustainability and up-scaling in a number of projects.

"If I am capable of this, imagine the potential"
DID project participant



Phase one was just the beginning. SESLHD and Bayside Council have committed to \$150,000 for Phase two in order to build upon the success of Phase one. Implementation of Phase two commenced with a launch in February 2018. The project team is currently exploring the use of a wellness metric tool to measure the outcomes across a range of indicators in Phase two, as recommended by Ellison et al (2014) in the paper *Measuring Wellness*²⁴.

As phase two commences, the Bayside community is buzzing with energy, readiness and a distinct feeling of hope and potential.



"Working on this project has given myself a sense of purpose. And that I believe contributes towards the physical health and wellbeing"

DID Grant recipient



"... now I can say that I have accomplished my dream.... I feel more confident about myself and my body, I'm more fit and healthy. This program is the best thing that I have done for myself, it's the only time that I think about myself and my health." DID project participant



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