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Sponsor:

Background

Neighbours for Active Living was developed to help vulnerable seniors and adults living in the east and especially those with high care needs. This Health-Social integration programme came about as a collaboration between Changi General Hospital (CGH) and South East Community Development Council (SECDC). Since its inception in 2013, the Neighbours programme has served more than 8,000 clients, with a large proportion of these clients afflicted with chronic diseases.

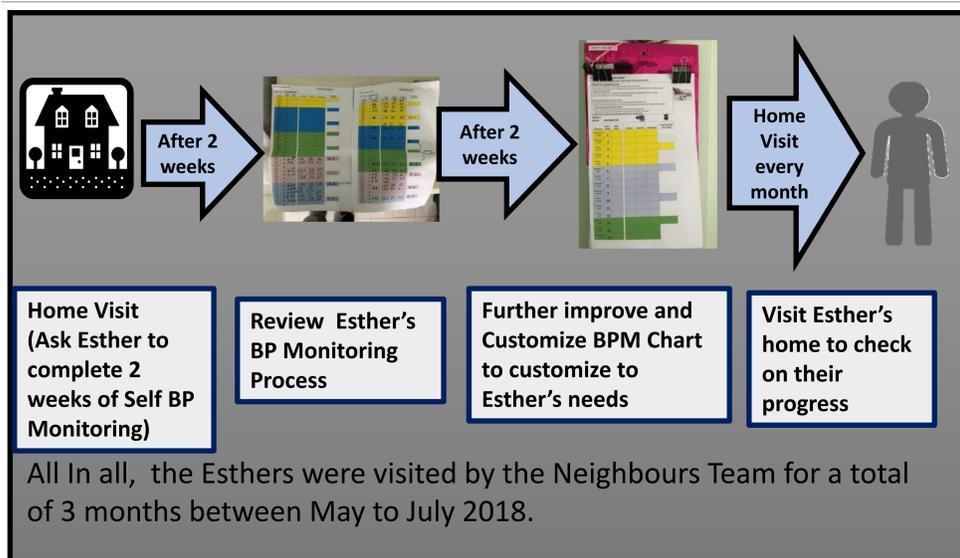
During home visits and subsequent assessments, we found that a number of our Esthers were not motivated to adhere to healthcare professionals' instructions on ways to manage their health. Some of these reasons they shared with us seemed to be due to low health literacy and poor understanding of their disease. A review on a study on motivation suggested that when working with older people, one may need to focus on the factors that affects their motivation.¹ Hence, we were interested to explore ways to motivate our Esthers to take ownership and participate in their own self-care.

Aim of the Project

This project aims to explore whether an Esther-centred and social approach would be effective in encouraging and motivating Esthers with chronic diseases to initiate self-monitoring of their blood pressure and to actively participate in their own self-care.

Proposed Solution and Methodology

10 Esthers were identified for the project through assessment interviews during home visits to new and ongoing clients. These Esthers, who were from three areas in the eastern part of Singapore, had blood pressure issues and faced difficulties complying with their healthcare professionals' instructions. Out of the 10 Esthers, two had received secondary school education, while 3 had primary school education. The rest did not receive any formal education. After consultation with our Esthers who said that they could not understand the original English version, the Neighbours team went about to develop new blood pressure monitoring (BPM) charts with English-Malay and English-Mandarin language versions with translated instructions. 10 Esthers were surveyed, but 2 could not continue as they were hospitalized.



Description of Intervention

Before

- Esther not able to record properly due to poor eyesight and understanding of chart.
- Chart has small fonts and narrow columns.

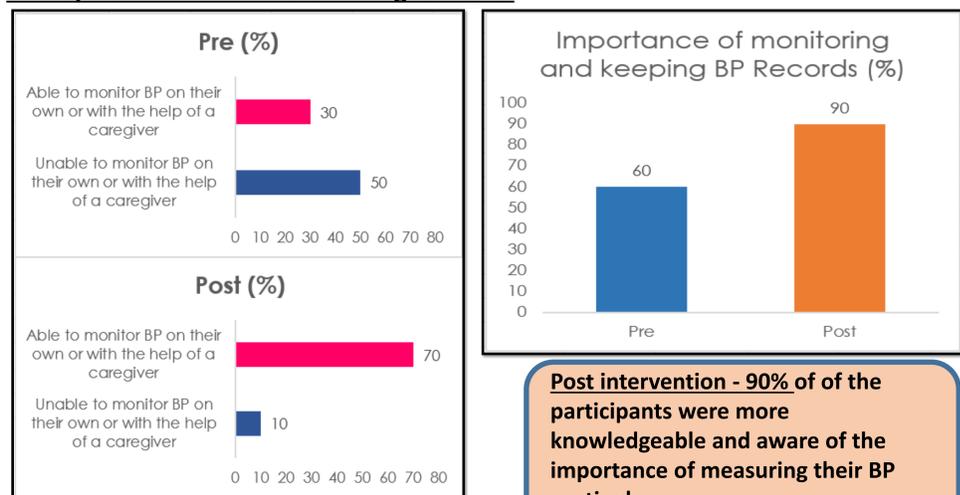
After

- 1 - chart
- 2 - clipboard
- 3 - instruction
- 4 - clock (not provided)

- Redesigned chart and customized clipboard for better visualization (bigger, colour-coded and monthly-based) and recording
- Instructions for use of Blood Pressure Unit were placed on the wall
- Bilingual instructions were placed on the wall next to the chart (English-Malay or English-Mandarin languages)
- Developed 4 different versions of the BP Monitoring Template
- Rolled out in May 2018 and used by 10 Esthers.

Outcomes

Survey done on 10 Esthers in August 2018:



Post intervention - 90% of the participants were more knowledgeable and aware of the importance of measuring their BP routinely.

80% of the participants were more confident and motivated in relating their BP/health issues to a doctor.

Post intervention - 90% of the participants felt that the BP monitoring chart was a useful tool.

Feedback by some of the clients who participated in the project:

"I find that the blood pressure monitoring chart very useful. I prefer this customized chart as compared to the template given by the Polyclinics." - Mdm S

"I love the colour of the personalized clip board and I bring the customized blood pressure chart and clipboard to the Polyclinic." - Mdm A

"The BPM Chart is an effective way to record my blood pressure on weekly basis." - Mr G

"Saya rasa selesa dengan carta yang diberikan. Boleh dibawa ke klinik." (I am comfortable with the chart that was given. Easy to bring to the clinic) - Mdm Z

"A4 size or smaller with one month one page would be better" - Mr T

Learning Points and Future Plans

We learned that the challenges our Esthers faced were related to low health literacy, difficulty in remembering instructions, and visual impairment. These were the key issues that affected Esthers' motivation to carry out their own blood pressure checks. However, after the project was implemented, Esthers became more motivated to continue self-monitoring and recording of their blood pressure. This could perhaps be attributed to our efforts at educating our Esthers, and customizing the instructions to each Esther's preference in the tracking log, to make them linguistically and visually appropriate. The team had also shared these new blood pressure monitoring chart templates with the hospital and the polyclinics, and they were well-received by healthcare professionals who have also offered to use the charts for their patients whom they wish to monitor in the community. Moving forward, the Neighbours team would like to replicate this initiative to a bigger cohort of clients through referrals from the hospitals and Polyclinics, and to work with community partners in order to encourage and motivate clients to manage their self-care.

¹ Israel et al, 1994