



COHEALTH@365: PAST, PRESENT AND CO-FUTURES

cohealth & RMIT University

THE INTRODUCTION

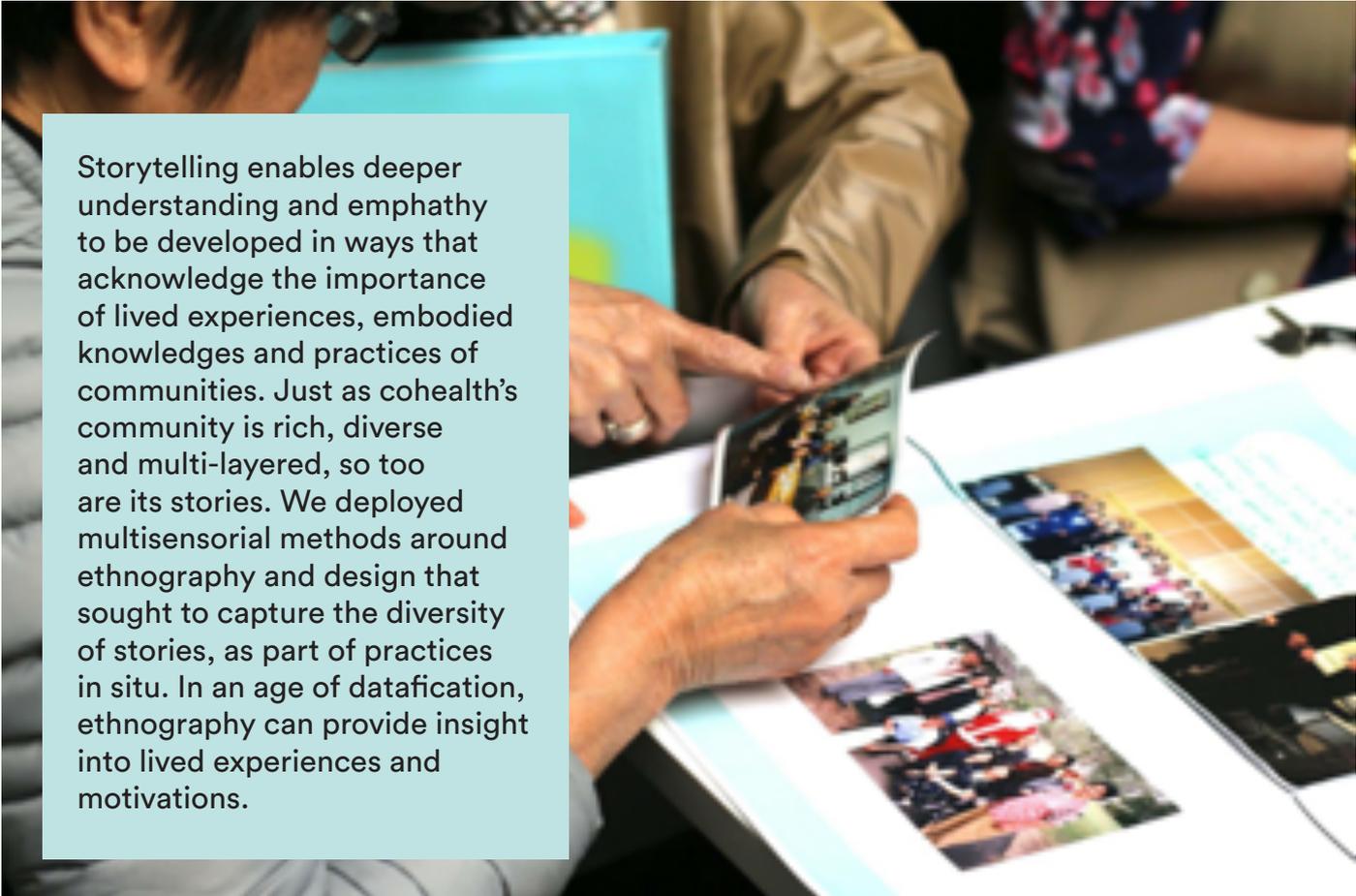
cohealth@365: A story about change, transition and resilience in community health.

The *cohealth@365: past, present & co-futures report* details how we co-created and co-designed with the cohealth community to capture their stories and hear their voices as core to cohealth's past, present and future. These stories help to locate the community as central to cohealth's transition to cohealth@365.

The research that informs this report reveals how important cohealth has been to the diverse communities it serves. Over three months, the interdisciplinary team staged a series of encounters to engage the with the community and help us understand cohealth's importance in the lives of this community. These activities included deploying multisensorial design, ethnography and creative activities to acknowledge the diversity of embodied experiences around places, people and material cultures. We engaged with cohealth's multiple stakeholders including clients, staff, bi-cultural workers and the general community (Collingwood area).

The results of this research highlights **two key interrelated findings**.

- 1. Codesigning wellbeing:** Cohealth has, and continues to play, a **profound importance** in the **community's lives and wellbeing**—so much so that it has been identified as a “second home” by many participants. Cohealth provides a complex codesigned model for the future of health in which health is integrated into general wellbeing indices. It has an active, diverse and inclusive model for engaging the community that fosters social innovation. This has been recognised in the past as part of its 40-year history.
- 2. Cofuturing health:** The findings also reveal the **urgent need for the redevelopment** of the spaces and facilities for the current clients, staff and community. Cohealth is in a unique position to demonstrate best practice for cofuturing health and wellbeing.



Storytelling enables deeper understanding and empathy to be developed in ways that acknowledge the importance of lived experiences, embodied knowledges and practices of communities. Just as cohealth's community is rich, diverse and multi-layered, so too are its stories. We deployed multisensorial methods around ethnography and design that sought to capture the diversity of stories, as part of practices in situ. In an age of datafication, ethnography can provide insight into lived experiences and motivations.

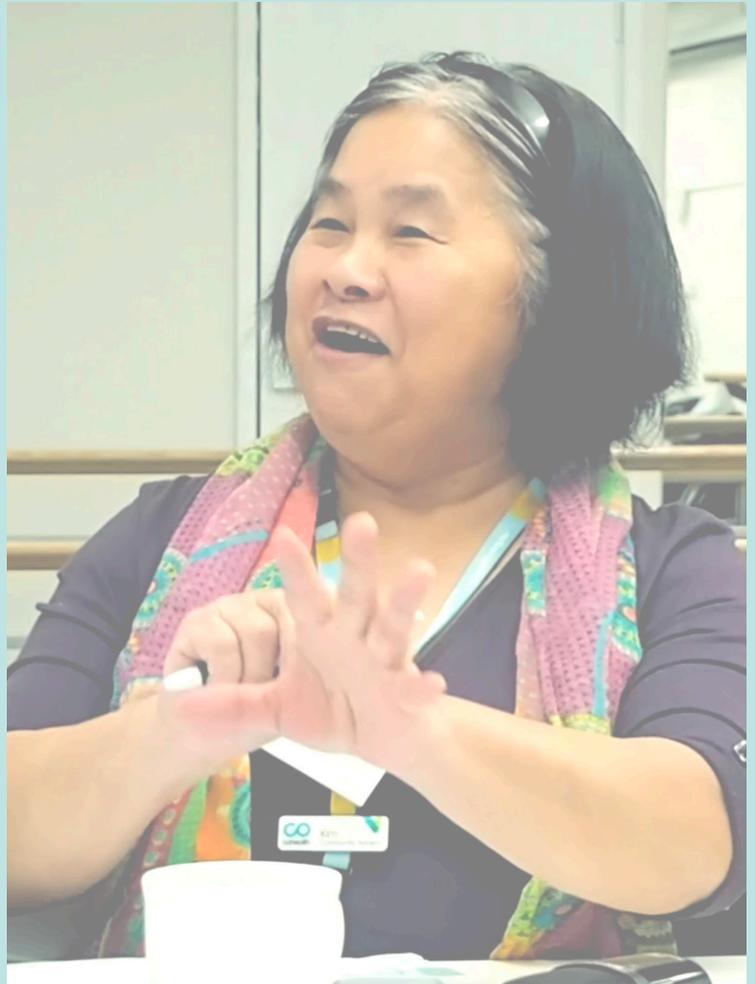
As we know, stories help us make sense of the world. They build empathy and thus social innovation. They are about ways in which we connect, engage and empower community. They are about locating community needs and experiences at the centre of all we do. Ma Ma Kim's story below illustrates the powerful role of cohealth in innovating community health and wellbeing that spans over 40 years.

Ma Ma Kim makes up for her slight height with infectious laughter and a happy nature. Her story is one of migration from Malaysia in the 1970s when she came to Australia with her husband for a better life. They worked two jobs at over 70 hours per week to raise their young family. Then one day, Ma Ma Kim was driving along and was hit by a car speeding at 120kms. Ma Ma Kim had always been too busy working to think and reflect. Now, trapped in a hospital bed for one year, all she could do was think. And think. And think.

Ma Ma Kim developed mental illness and her marriage broke down. She tried to take her life multiple times. She was in and out of St. Vincent hospital for three years. During this time she made contact with her local cohealth centre in Collingwood. The community workers at cohealth checked in on her every day. They involved her in the bicultural community programs. Through these programs, Ma Ma Kim shifted from being a client to a bicultural worker at cohealth who then mentored many young migrants and refugees from a diversity of backgrounds over the decade.

Ma Ma Kim is a laughter leader. She uses laughter and breathing to redirect anger. In addition to the important bicultural work she does at cohealth, Ma Ma Kim visits prisons to impart laughter therapy as a form of empowerment and wellbeing. This is just one of the many success stories of cohealth. Ma Ma Kim is one of the many success stories of cohealth towards building bicultural capacity and furthering community engagement. Her story highlights cohealth's ability to not only engage but also empower community members—especially those from ESL migrants and refugee backgrounds. The important stories of the bicultural workers continue to demonstrate the powerful role cohealth plays in facilitating best practice community engagement.

Ma Ma Kim's story is one in many—demonstrating the power of cohealth to foster community support and growth in ways that far extend the remit of “community health”. Ma Ma Kim is indicative of cohealth's leadership role in the community to develop health as part of community wellbeing (she calls cohealth her “second home”). Importantly, this also means that if cohealth is going to continue such important community work advancing innovative forms of health and wellbeing, it requires urgent redevelopment of the site.



THE RESEARCH

In addition to collecting stories, our workshops included tools, artifacts and tasks that provided new insight between people and their environment without intrusion. We also developed non-invasive **conversation prompts** throughout the site to collect stories and feedback from staff, clients and the general community. Participants expressed the need for communication channels that engaged them and so we responded accordingly by redesigning techniques such as the *lunchroom timeline prompt* and the *wait & play table*. We deployed the codesign technique of ‘cultural probes’ (Gaver 1999) which seeks to elicit responses that allows participants to be experts.

The probes included:

- **Timelines:** Personal and institutional timelines;
- **Digital storytelling videos:** Interviews and vignettes for website;

- **Postcards from the waiting room:** Send a card to share community thoughts;
- **Evocative biographies with archive:** Creative storytelling around the cohealth archive;
- **Waiting room activities:** Play techniques were deployed to engage community as well as glean insights about the space and its attendant practices;
- **Community chalkboard:** To involve the neighbourhood in discussions and their dreams for the future of the community;
- **Lunchroom timeline as conversation prompt:** To engage busy staff in a non-invasive manner for their stories, hopes and desires for the site;
- **Pictures of health:** We explored with community groups from different cultural backgrounds the ways in which health and community are interpreted in divergent ways; using cards as conversation prompts.





I want to live in a community where ... everyone can flourish

[chalkboard]

cohealth is like a second home

[video interview]

A safe place to be and *their* place

[staffroom timeline, referring to clients]

My hopes for this community are ... that we are strong together

[chalkboard]

THE KEY FINDINGS

Cohealth is an organisation that is deeply valued and cherished by its community, with many describing 365 Hoddle Street as “family”, “home” and as a “safe” space. At the same time, participants acknowledge the need for the facilities and resources to improve the overall site.

The interlocking elements of health, wellbeing and place, and the communities that form around place, help us understand:

1. **Codesigning:** The existing clients have strong attachment to the building (365 Hoddle St)—it is referred to fondly as a refuge/ a safe space/ a welcome space, and importantly, a “second home”. These sentiments are crucial to understanding a rapidly gentrifying neighbourhood. Cohealth has provided historically a model for best practice when engaging with complex, cross-class and multicultural communities in ways that are codesigned by the community. This history is a long and rich one demonstrating inclusion, community building, skill development (i.e. the innovative *bi-cultural workers empowerment scheme*), and a holistic approach to health and wellbeing. This type of model will be essential as we move towards increasingly ageing societies.

Socio-cultural and environmental factors affect health and wellbeing, but so does a sense of place (Eyles and Williams 2008). The places we live and the feelings these places arouse in us affects our health and wellbeing. Research into design for wellbeing shows the need for multisensorial approaches to spaces that acknowledges the often-tacit responses to light, plants and placement of furniture. Through cultural probes in the waiting room we explored cohealth’s engagement with space and its relationship to wellbeing.

2. **Cofuturing:** One of the main challenges—and also opportunities—for the potential redevelopment is to ensure that clients are meaningfully engaged in creating a vision for a new service/ building so that it remains a “second home” for them, while remaining conducive to cofuturing—best practice models for community health as the neighbourhood changes and evolves. While the cohealth building resonates deeply with all of the community participants interviewed, they also noted the urgent need for the updating the facilities and resources.

THE RECOMMENDATIONS

Our recommendations reflect the stories and suggestions which emerged from our activities with the community, as well as analysis of design for wellbeing considerations:

- **Co-Creative engagement with community:** To envision the new 365 Hoddle Street, exploring for example, what services and experiences might be offered and what the space may look, and importantly feel like;
- **Co-futuring for design & wellbeing, and ageing:** Using images and videos, along with a 365 card deck for conversation prompts to help enable further engagement;
- **Co-curating the community stories from the Collingwood neighbourhood:** As a way of honouring and retaining that link to the rich history, and also explaining its meaning and importance to the community.



RECOMMENDATIONS IN DETAIL

SHIFT FROM A “CLINICAL” MODEL TO A COMMUNITY MODEL

In addition to the centre presenting as a medical practice, cohealth staff spoke of the need to increase opportunities for community support and preventative care. Considering the “social determinants of health” involves taking proactive care of clients, staff would like to see these values made more visible in the clinic. Opportunities include finding ways to engage younger community members, archiving and sustaining the legacy of community groups, extended transport options, and engagement with gardening at cohealth. Cohealth has been a leader in this space but it requires more funding to be able to conduct sustainable models.

SKILLS DEVELOPMENT AND EMPLOYMENT OPPORTUNITIES

Clients noted the important role cohealth has played in supporting projects that train community members to become leaders, resulting in clients gaining employment. In this space, cohealth is a leader for innovative workforces for the futuring by recognising some of the areas of care required for complex demographics as we move towards ageing

societies. For example, one of the key success stories of cohealth has been the empowering of refugee and migrant communities through bicultural workers programs such as continuing the *Community Empowerment Program* (CEP).

CELEBRATING COMMUNITY STORIES

The broader community of cohealth have such diverse and rich stories which could be celebrated within the physical space. For example, deploying the highly visible building’s exterior as a site for local artists to celebrate the community. In the project we transformed the wall into a large community chalkboard, which will now become a mural by local artists to celebrate the diversity of the community. There is also potential for the walls within the building to be activated. In feedback on postcards, participants expressed interest in having stories about their community shared to create more conversations and engagement. This could be a student project with the RMIT Photo Futures Lab (a pop up in Collingwood which is about social innovation through photography). They could use archival material (old photos and booklets) along with contemporary pictures of the community. It could also involve using a wall within the waiting room as a space for sharing a series of images and text from the community.

GRAND DESIGNS

There is much potential for the walls in the waiting room to become activated. Maybe one wall could be called “designs for tomorrow” in which clients and staff can draw and write their plans for the future of cohealth’s redevelopment. This exercise would reinforce the transparency and onboarding of cohealth’s model for putting its community and their thoughts at the centre of change and future planning.

FURTHER COLLABORATIONS WITH NEIGHBOURHOOD STUDENT GROUPS TO CODESIGN A CO-FUTURE TOGETHER

For example, a design challenge with Collingwood College and RMIT Photo Futures Lab could ask local youth to engage in the redevelopment of cohealth. This engagement could be integrated into the school curriculum, through the current co-delivery model already underway between RMIT photography and Collingwood College (photography).

CARDS FOR CO-FUTURING

As part of the storytelling activities, it became apparent to the team that more tools for “cultural probing” (design probes) were needed to gather various diverse stakeholders’ ideas and experiences. We developed a co-futuring set of cards to be used during this process of transition, to ensure different stakeholders are involved in the process.

ACTIVATING THE WAITING ROOM

Moreover, the waiting room could use the role of play to enhance wellbeing through a variety of methods, to enhance experiences for engagement in the waiting room (see design recommendations below). For example, having a 365 mascot—such as a stuffed toy—could not only provide comfort to children but also help with the calmness of the waiting room. The current staff method for calming children is to provide a ‘balloon’ in the form of an inflated plastic glove. There could be a call to design the mascot which not only engages the community but also empowers them. This could also help with the general transition of 365.

INTERGENERATIONAL INITIATIVES AND SUSTAINABLE FUTURES

Some of the women’s community groups are home to participants who have been visiting the site for 40 years. This is a wonderful opportunity for not only collecting the invaluable stories of these elders but also for intergenerational sharing and collaboration. Partnering with key local groups such as Collingwood College, the RMIT Photo Futures Lab, City of Yarra arts and also Centre for Contemporary Photography (CCP) to produce a series of intergenerational portraits of the neighbourhood could play a powerful role in building sustainable futures.

The layout and physical space of any health centre impacts how patients feel about their experience, which ultimately affects their wellbeing. Much of the literature in design for wellbeing explores the important role of codesigning with participants to understand what multisensorial elements will make them feel safe and at home. The waiting room experience should attend to emotional needs of patients and to create an interactive space for families to wait. Interactivity in waiting spaces speaks to the growing links between emotional and medical considerations in health design (IDEO Redesign).

CODESIGN OF SPACE

The newly renovated waiting room offered a great opportunity for us to explore the influence of space on the community’s wellbeing.

Clients noted the improvements of the space in terms of feeling lighter and brighter—however, they did have further suggestions about improvements which we detail below.

While patients wait, several design elements would make that wait more enjoyable.

- **Pram/mobility aids:** A dedicated area for these is needed as currently they are placed wherever there is space, which might create obstacles for other patients.
- **Children’s area:** More playful activities in the children’s area (such as moving the indoor

playground sculpture into the pen area). Remove the surrounding bars and make the area more interactive for families.

- **Comfortable waiting:** Include more tables with magazines, clipboards, and relevant community events or health information for people to browse while waiting. Participants also commented on the need for a cluster of chairs or comfortable couches to create “nesting” areas for privacy, echoing the literature on wellbeing, safety and chair placement (Gehl 2010). There is a need to balance the clients lines of sight with a general sense of safety that allows for engagement and disengagement.



- **Plants:** With the amount of light in the waiting room, plants would thrive and be a welcome addition. We tested this recommendation by adding several pot plants to the space and the *Wait & Play* table. The plants gave a sense of levity to the space, and offered the beginnings of an atrium like feel. The positive responses by the cohealth community aligns with the literature on biophilic (plant-centred) design enhancing wellbeing (Knez, Igor, et al. 2018).
- **Walls:** This might be the space where the archive can be activated; i.e. a timeline of cohealth or a place where there can be curated community art shows.



THE CONCLUSION

This report is about capturing the moving picture that is cohealth 365 as it moves through transition. Cohealth is a rich site with diverse and complex stories of hope and resilience. Stories like Ma Ma Kim highlight the power of cohealth as the centre for social change and belonging for the community. Through the various techniques we sought to engage the community as key to the past, present and co-futuring of cohealth. There are so many stories of community empowerment. And there can be so many more. From stories of community engagement during Kennett’s government when community health lost 70% of its funding to the saving of the on-site pharmacy, cohealth’s colourful history illustrate many best practice models for community engagement.

Cohealth is at an important moment in its transition. It has a rich history of community

involvement and understanding the complexity of health beyond just medical definitions. Its socially and economically diverse community have been central in the codesign of cohealth as a model for best practice for health and wellbeing. This codesign history now needs to emphasis co-futuring—that is, how the models of the past and present can inform the organisation to continue to be a leader as we move towards ageing societies. One of the most important lessons to be learnt moving towards ageing societies is that health is not just medical but also social (Gawande 2014) and therefore we need organisations that are committed to embedding health as part of the community wellbeing. Models that foster social inclusion and wellbeing innovation through community engagement activity will led to thriving co-futures in which the young and the ageing thrive.