

Neeman

Association for Stroke Survivors

Social Clubs

www.neeman.org.il



BACKGROUND - BASIC DATA

- Total population of Israel: 8,412,000
- Prevalence of stroke survivors: 120,000
- Incidence: 15,000
- Average age of stroke survivors 73 for women and 68.7 for men
- 1 out of 6 adults will suffer a stroke in their lifetime

DESCRIPTION OF PROBLEM

- Lack of existing community settings for improved quality of life for stroke survivors and their families adapted to their physical, cognitive and social needs
- Stroke survivors of working age "fall between the chairs" of existing settings for adults with special needs
- Functioning of stroke survivors affected negatively by apathy, low self image, lack of motivation and capacity for regaining control of their lives
- Family members often helpless in confrontation with such dependence and overwhelming needs

OBJECTIVES OF NEEMAN'S SOCIAL CLUBS

Improved quality of life of stroke survivors and their families:

- Reduction in feelings of loneliness, anxiety and depression
- Assurance of long term continuity in supportive, social rehabilitation care
- Reintegration into the community
- To offer a supportive social framework adapted to unique needs of stroke survivors and their family members
- To raise feelings of self worth and belongingness



EXISTING MODEL OF SOCIAL REHABILITATION CLUBS:

- About 600 members from 16 clubs, mainly functioning within existing community centres throughout the country, attend for half a day 1-3 times weekly
- Activities include appropriate physical exercise, arts and crafts, lectures, excursions, support groups (particularly for spouses) and celebrations of festival
- Majority of clubs manned by volunteers, particularly spouses or survivors. Often in cooperation with staff of community centres
- Few of the clubs have organized transport



BUDGET MODEL OF CLUBS



ACHIEVEMENTS

- Ongoing financial support for many of the clubs from the Ministry of Welfare in conjunction with local councils
- From 1 club, continual expansion over 20 years, both of new clubs and participants
- Creation of solid social connections between the members and their families, acting as natural support groups to each other
 - Increasing awareness of stroke and its consequences within the general community through exposure to the clubs in their communities
- Empowerment of members who gain self confidence from club attendance and later leave for alternative activities, mainly as volunteers within community services



DIFFICULTIES

- LIMITED SUCCESS IN RECRUITING ADDITIONAL POTENTIAL STROKE SURVIVORS:
- AT PRESENT ONLY A MINUTE PROPORTION OF STROKE SURVIVORS ATTEND CLUBS
- AGE OF EXISTING CLUB MEMBERS RISING, ACTING AS DETERRENT TO YOUNGER CANDIDATES
- ONGOING CHALLENGE OF ATTAINING PERMANENT FUNDING FOR ACTIVITIES, PARTICULARLY FOR TRANSPORT
- HETEROGENEITY OF POPULATION ATTENDING, IN LEVEL OF FUNCTIONING, AGE AND CULTURAL DIVERSITY

FUTURE PLANS

- To assess and review whether this program in its present form fulfils the needs of the population it serves
- A strengthening and broadening of existing clubs rather than creation of new ones
- Recruitment of additional participants
- Increased response to needs of young stroke survivors
- Expansion of collaboration with appropriate, untapped community frameworks
- Choice of model for club coordinators appropriate to present stage of development

DILEMMA

Considering the limited number of consumers does this flagship program justify the continuing resources channeled to such? (budget, manpower, neglect of alternative programs - e.g. "Stroke College")

THANK YOU AND SEE YOU AGAIN!

"Ευχαριστώ"