
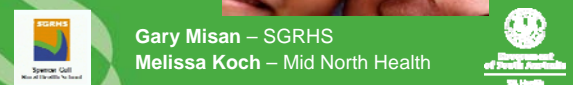


"Your Health, Your Community, Your Future"

COMMUNITY PERCEPTIONS OF THE DETERMINANTS OF HEALTH IN THE MID NORTH TOWNS OF BOOLEROO CENTRE, JAMESTOWN, ORROROO, PETERBOROUGH AND SURROUNDING DISTRICTS



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acknowledgements

- > **Steering group**
 - Brenton Badenoch, Julie Arthur, Angela Retchford, Marilyn Bell, Malcolm Byerlee, Stacey Goodes
- > **The community**
 - Over 1200 individuals in the towns of Booleroo Centre, Orreroo, Peterborough, Jamestown, surrounding towns and hamlets
- > **Mid-North Rural Health Team**
 - Jane McCallum, Emma McSporran, Sue Girdham, Di Barrie, Brad Morgan, Megan Goehring, Melissa Koch, Jenny Perrott, Liz Bishop, Margaret Gleeson, Vera Miller, Jenny Scarce, and Ruth Crooke, Sue Keller, Katrina Kumnick
- > **University colleagues**
 - Elizabeth Hoon, John Petkov, Elena Rudnik, Helen Mills



overview


- > Mid North
- > Background
- > Methodology, methods
- > Findings
- > Outcomes
- > Conclusion

Mid North Area

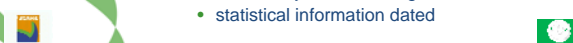
~ 3500 sq km
Pop. 10,000

5422 (Peterborough)	1,689
5431 (Orroroo/Pekina/Willowie/Tarcowie)	1176
5432 (Carrieton)	129
5440 (Yunta)	314
5454 (Spalding)	402
5481 (Murray Town, Wirrabara)	626
5482 (Booleroo Centre)	488
5483 (Melrose)	431
5485 (Wilmington)	628
5490 (Caltowie)	206
5491 (Jamestown)	1653



background

- > acknowledged need for improvement in orientation and delivery of health and other services
 - service orientated,
 - operating on service availability,
 - historical basis and assumptions
- > "lack of evidence" for health and other service planning
 - lack of social determinants considerations
 - qualitative data limited
 - community voice missing
 - statistical information dated



Goal & objectives

- > inform planning processes for primary health care and other services in the region –
 - to better understand community perceptions of the social and other determinants of health and well-being
 - allow community to identify issues of key concern to health and wellbeing
 - Individual, family and community level
 - to consult across sectors, not just health



methodology





- > Participatory action research approach
 - Community input for planning, research questions, research tools, implementation, evaluation, reporting
- > Partnership between –
 - Mid-North Rural Health Team, and
 - Spencer Gulf Rural Health School
- > Project steering committee with community representation
- > Community media & marketing campaign



method

- > mixed methods
 - document review
 - semi-structured interviews
 - focus groups
 - community wide survey
- > quantitative and qualitative analysis
- > robust triangulation of findings

interviews & focus groups

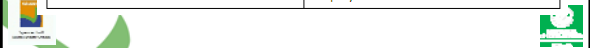
- *what things have a positive effects on your health or the health of your family?*
- *what things have negative effects on your health or the health of your family?*
- *what things happening in the community encourage good health (or staying healthy)?*
- *what things happening in the community work against good health (or staying healthy)?*
- *can you think of individuals or groups in the community that have particular needs?*
- *can you think of any services (not just health) that you or your family need but that are not available in this area/region?*
- *if you could change one thing to improve the situation, including the health of the local community what might it be?*



community survey



8 domains; 47 questions

Transport Community involvement Sporting Community activities Service Clubs Health and Well-being General health Lifestyle Services Education and Employment	Priority issues One thing that would make this community a better place to live is – One service missing in this community is – Barriers Demographics Age Gender Marital status No. of children under 16 years living at home Employment status
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capacity building

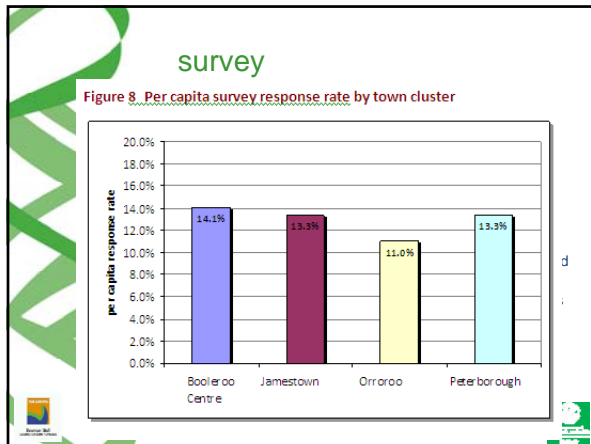
- > workshops on
 - evaluation
 - focus groups and interviews
 - survey design
 - qualitative data analysis
- > rural health team assisted with interviews, focus groups, interpretation of data, recommendations

consultation

- > 169 people in interviews/focus groups
 - 22 Interviews, 26 people
 - 22 focus groups, 143 people
- > **30.7% response rate to survey**
 - 3334 distributed, 1023 returned
 - 3 times more females than males
 - mean age 55 (SD 16) years
 - females average 8 years younger than males;
 - younger than 25 years were under-represented
 - three-quarters partnered
 - three-quarters with no children under 16 at home
 - half working full time or part time






- ## findings
- > good understanding of health & well being, including social and other factors that impact on health
 - local environmental, relaxed lifestyle, open air, opportunities for physical activity etc.
 - that changes can lead to significant, sustained health benefits for individuals and communities
 - > in general, people rated themselves as being in good health
 - > concerns mainly related to social and service infrastructure
- 


- ## negative factors
- > public transport
 - > access to health services
 - > GP, specialist, allied health, dental, mental health
 - > child care services
 - > aged care services
 - > local training, education, employment opportunities
 - > drug and alcohol issues
 - > limited recreational facilities, opportunities
 - restaurants, coffee shops, cinema, gym
 - older men, young people, people not interested in sport, disabled
 - > cost of living
 - > shopping
 - range, choice, lack of competition, limited w/e hours
 - availability of affordable quality fresh food
 - > effects of drought –
 - Farmers, farming families, small businesses operators
 - increasing evidence of stress mental health issues

barriers

Barrier	Groups that were different
Carer responsibilities	<ul style="list-style-type: none"> • more likely in Peterborough cluster • more likely for respondents on government benefits • less likely for respondents working full-time
Cost	<ul style="list-style-type: none"> • more likely for respondents on government benefits, looking for work or working part-time. • less of a factor in retired respondents
Disability	<ul style="list-style-type: none"> • more likely in single people than partnered • more likely for respondents on government benefits (very significant) and retired • more likely for Peterborough cluster • much less likely for respondents working full and part-time • less likely for Booleroo cluster
Lack of carer support	<ul style="list-style-type: none"> • more likely in respondents not working • less likely than expected for retired respondents
Lack of child care	<ul style="list-style-type: none"> • higher numbers of respondents not working identify or working part-time identify this as a barrier • more likely in Jamestown cluster compared with others • less likely for Peterborough cluster • single respondents report having less need for child care • less likely in retired respondents

- ## key outcomes to date
- 
- > Printed report and CD
 - > Community launch
 - > Report adopted by regional HAC as basis for changes to health and other services
 - Intersectoral working groups being formed to prioritise issues and work on solutions
 - > 2 x conference presentations
 - > Peer reviewed publication in draft

- ## Conclusion
- > Method –
 - excellent example of PAR
 - partnership and capacity building
 - of benefits of community consultation
 - importance of mixed methods approach
 - importance of community input into interpretation of results and formulation of recommendations
 - some challenges in survey implementation



Conclusion

> Findings –

- a number of community concerns identified
- consistency of issues altho' differences in priority between town clusters
- process has allowed community discussion, determination of priorities for action and exploration of potential solutions, ongoing
- already having a policy impact
- collaborative approach between community action groups, local government, NGOs, health services, and local industry now required, happening

