Collaborative Evaluation and Research Group

Supporting Innovative Research and Evaluation

BUILDING HEALTHY AND RESILIENT COMMUNITIES THROUGH SERVICE EQUITY PROJECT EVALUATION

JUNE 2022

SUMMARY

ACKNOWLEDGEMENTS
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Cover Image: Site of the Proposed Tubbut Hub

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SUMMARY OF THE FINDINGS OF

BUILDING HEALTHY AND RESILIENT COMMUNITIES THROUGH SERVICE EQUITY

PROJECT EVALUATION

This report presents a summary of the evaluation of the Building Healthy and Resilient Communities Through Service Equity which aimed to identify an appropriate and achievable health services model for the Errinundra to Snowy communities in Gippsland

INTRODUCTION

The Deddick Valley Isolated Community Group (DVICG) and the Errinundra to Snowy Community Recovery Committee (ESCRC) received a grant for Stage 1 of the "Building Healthy and Resilient Communities Through Service Equity" project. Funded by the East Gippsland Community Foundation and the Foundation for Rural and Regional Renewal (FRRR), the project aims to provide sustainable solutions for health service delivery in the Errinundra to Snowy district. According to the Errinundra to Snowy District Community Plan 2019[1], only one in five respondents to a community survey agree that they have adequate access to healthcare services in the district. The project will pilot two health service hub facilities for the Tubbut and Goongerah communities to improve access to services. The model will include the redevelopment of existing community rooms to provide access via digital platforms for health service delivery with the provision of nurse practitioner/s.

THE DISTRICT
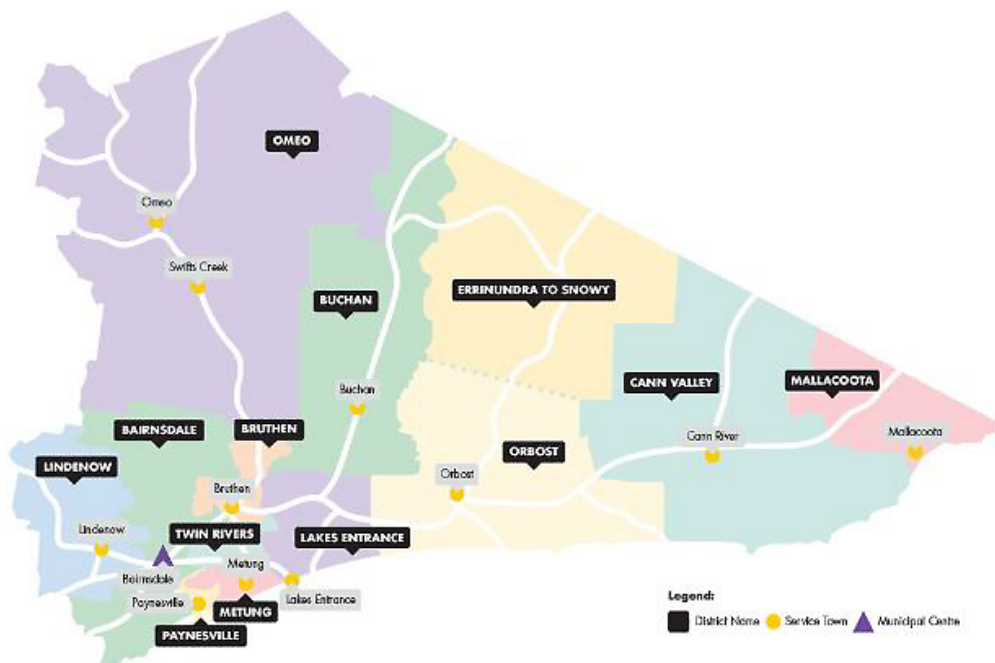
Location of the Errinundra to Snowy district in East Gippsland

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[1] Errinundra to Snowy District Community Plan 2019 https://www.eastgippsland.vic.gov.au/community-plans/errinundra-to-snowy-sub-district

Errinundra to Snowy is a district of the Orbost District of East Gippsland Shire Council, with the town of Orbost providing the closest access to health services. The northernmost edge of the district is the border between Victoria and New South Wales. There is a strong relationship with the NSW towns of Delegate and Bombala, which are also important service towns for these communities. The sub-district comprises Bendoc, Bonang, Goongerah, Cabanandra, Tubbut, Deddick Valley, Haydens Bog, Delegate River and Dellicknora. The population of the Errinundra to Snowy district is 338, with 117 living in Bendoc, 46 in Bonang, 30 in Goongerah and 11 in Tubbut. The majority of residents are aged between 50 and 59 (50%) followed by 60 – 69 (25%). With regard to gender, 56% identify as female and 36% as male[1]. The population density (persons/km^2) of East Gippsland is 2.2, compared to the Victorian State average of 27.2.

Members of DVICG and ESCRC: Presentation of $55,000 from East Gippsland Community Foundation Community Bushfire Recovery Grant) to DVICG for the project.

DATA COLLECTION

The evaluation of the project utilised a variety of data collection tools in a mixed methods approach which provided information about process, outcomes and impact.

Quantitative Data	Qualitative Data
Analysis of Existing Data from district health care profesionals	Interviews with Health Professionals
Community Survey	Interviews with Community Members

Building Healthy And Resilient Communities Through Service Equity

The **Deddick Valley Isolated Community Group (DVICG)** and the **Errinundra to Snowy Community Recovery Committee (ESCRC)** received a grant to deliver Stage 1 of the **"Building Healthy and Resilient Communities Through Service Equity" project**. The project aims to **provide sustainable solutions for health service delivery** in the **Errinundra to Snowy distric**t. The project will **pilot two health service hub facilitie**s for the **Tubbut and Goongerah communities** to **improve access to services**. This infographic shows the **result of discussions and data collection** with local community, outlining gaps in service delivery and needs of the district.

Remote location - Errinundra to Snowy District

Population of 338

40% of survey respondents **travel 2-3 hours** to see a GP

"Haven't been able to build a trusting relationship with a local doctor as there is so much change over".

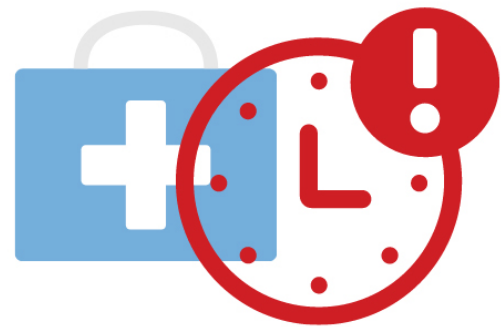**81%** of survey respondents had over time **delayed seeking medical help** due to **travel times and costs.**

Ideal health service delivery:

67%
Preferred **a physical GP on site at a clinic close by** to them

77%
Have **never** had a **telehealth appointment** and will require support to access this service

48% wanted local health service delivery on a **weekly basis**

"A regular nurse who is able to liaise and connect us with other services via outreach and visits of specialists. More government support to remote regional area instead of the slow stripping away of services".

KEY FINDINGS

Analysis of Existing Data

Existing survey data was gathered for the Errinundra to Snowy district by Birgit Schaedler who worked as a mental health outreach nurse for Orbost Regional Health from 2014 – 2021. Birgit is to be acknowledged for her contribution to the community, working closely with them and conducting a future needs assessment survey in June 2019 to assess their service needs.
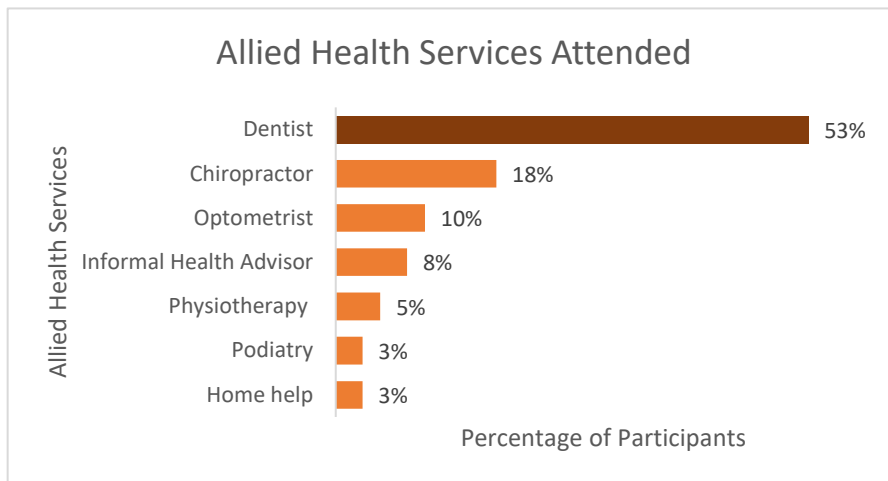
The survey responses indicated a lack of service provision in the Errinundra to Snowy district and this has financial as well as health and psychological impacts on those living in the area. Respondents overwhelmingly reported the lack of health services as being the main reason they would consider relocating outside of the region, however, many were reluctant to do so due to the positive attitudes about the area and the lifestyle it afforded them.
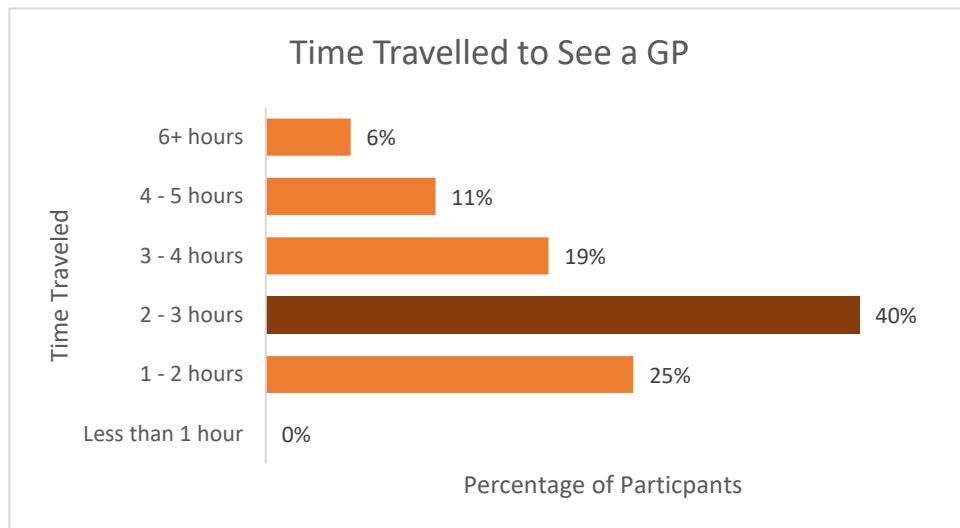
While many were open to the idea of utilising online services if made available, concerns were raised about the viability of this, given the need to still have personnel on site, in addition to the lack of reliable internet and/or phone services in the area.

Community Survey

A community survey was distributed to community members in the Errinundra to Snowy district for four weeks, between 28.04.2022 – 20.05.2022. A total of 55 responses were received with the majority being returned by mail. The aim of the survey was to gather information about community access to healthcare, healthcare needs and preferences.

Time travelled to see a GP

Participants were asked, on average, how much time (hours) was spent travelling to see a GP, with the majority stating they spent 2-3 hours travelling (40%, n=21). As shown below, the majority of participants spent either 1-2 hours (25%, n=21) or 3-4 hours (19%, n=10) travelling to see their GP. A small proportion of participants spent either 4-5 hours (11%, n=6) or 6+ hours (6%, n=3) travelling. Significantly, no participants spent less than 1 hour travelling to their GP.

Time Travelled to See a GP

| Time Traveled	Percentage of Participants
6+ hours	6%
4 - 5 hours	11%
3 - 4 hours	19%
2 - 3 hours	40%
1 - 2 hours	25%
Less than 1 hour	0%

Types of healthcare needed

Participants were asked to rank the types of healthcare service providers they needed. As detailed below, participants predominantly reported that GP services (n=32) followed by pharmacists (n=20), nurses (n=18) and dental services (n=16) were needed. Other services that were listed included gynaecology, hearing services, oncology, podiatry, after surgery care and skin check services.

Types of Healthcare Needed

Type of Healthcare	Number of Participants
General Practitioner	32
Pharmacist	20
District Nurse / Nurse / Breast Care Nurse	18
Dentist/Orthodontist	16
Specialists	8
Scans/X-Rays/MRI/PET/CT	7
Physiotherapist	6
Optometrist	6
Mental Health / Psychologist / Psychiatrist	4
Pathology/Blood Tests	3
Women's health	2
Naturopath	2
Chiropractor	2

Reasons for delaying seeking medical attention

Survey participants were asked to comment if they had delayed seeking medical attention. A total of 81% (n=42) of participants had reported that they had done so. This question was followed by asking the participants to comment their on reasons as to why they had delayed seeking medical attention. The following word cloud details the predominant responses from this question. The clear responses include the words travel, distance, far and time.

Preferred location for a Telehealth Centre

Survey participants were asked for their preference for the location of a telehealth centre where a health care professional would be available. As shown below, participants preferred Bonang (36%, n=19) followed by Bendoc (25%, n=13).

Ideal health service delivery

Participants were asked what their ideal or suggested healthcare service delivery would look like. The majority of participants preferred a *"Physical GP on site at a clinic close by* to them" (67%, n=35), followed by the availability of *"Telehealth services from a community facility"* (17%, n=9). When asked about the ideal frequency of the preferred service delivery 48% (n=25) said weekly and 25% (n=13) fortnightly.
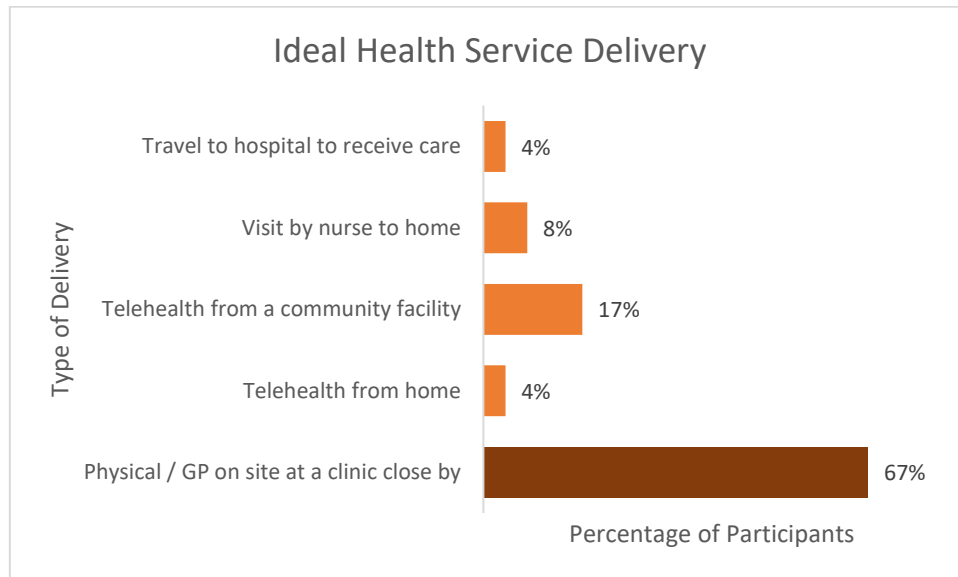
For many survey participants the use of telehealth was welcome as it significantly reduced travel times and costs in accessing healthcare appointments. The main issue with telehealth, however, was the technology with access to reliable internet and phone services as well as equipment seen as a barrier.

THEMATIC ANALYSIS OF INTERVIEWS WITH COMMUNITY MEMBERS

A thematic analysis was conducted of interviews of 11 community members in the Errinundra to Snowy district in East Gippsland. Five themes emerged from the analysis as shown below

Below is a selection of comments from participants.

Theme 1: Accessing healthcare

We can't **access** the NSW services and most Victorian services just say well too bad, you live too far away. You know, even when we try and access something they go "well, **you can come to us**." And sometimes you can and sometimes you do.

They've got a hospital that's absolutely **fully stretched**. And there's three doctors' practices and it's **12 weeks** to give an appointment at any of them. That's just for general GP work

People kind of get a bit, they get a bit wobbly about **coming up into the mountains** 'cause sometimes there's a bit of dirt, there's a bit of dirt roads. So they get "ohh no, I don't want to **drive on dirt roads**." And **I don't blame them** if you're not used to it but it's sort of, it's only like small patches and you **just take your time**. If you just take your time, it's OK. We learnt to drive on dirt roads.

Theme 2: Health services that work well

They get **the medical** ones from [town] to come up. Doctors and skin specialists and it was just like a big meeting thing. The Shire come and **it's a good day**, really. It's just a **full day** and they have lunch and everything there. It's a really good day out as well as you can get your **moles checked** and all that sort of thing.

It's **pretty good,** really, we're pretty lucky. I get a - the house cleaner comes every week. And usually get the **district nurse comes**, usually every fortnight but she has been coming every week as well. It's **really good**."

Theme 3: Limitations of health service delivery

I've had several things that I've been having investigated but I probably won't have this **investigated** because **I can just live with it**. And it would just involve sooooo much running around that it wouldn't be worth it. **It's not worth it**.

We've had some **pretty bad accidents** up there in the last two years, and it's been a fight between the ambulance in Victoria and the ambulance in New South Wales. And usually, we just **get people helicoptered** out because they're usually pretty badly injured. So it's **a real concern**.

Theme 4: Community solutions for better healthcare

...when it comes to your health, I think, it's not a big ask just to have... **a Bush nurse**. I just think if that was the first sort of, port of call, some of the people **wouldn't have the big panic** and **end up in a hospital**.

> We have the **facilities**, both at our **neighbourhood centre and at our community hall,** to do video conferencing… we're not particularly computer savvy - but if we had **opportunities** to have face to face video conferencing health things, I think that could be handy

Theme 5: Community informing policy

> I guess it might sound rude advice but for them to **spend time in the community**. Have them or their **family or loved ones get crook**, get sick, and go through the throes of what's involved in **trying to get medical services**. Then they might be thinking out of the metropolitan area a bit more.

> I actually say **fund prevention services**, primary care, instead of all this tertiary stuff

> Government agencies are the only ones who **care about borders**…. finding ways of providing health services in a **flexible way to those communities where the borders don't matter** because for people living in those communities the boarders don't matter.

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RECOMMENDATIONS

A health professional is essential to the success of a health service delivery model in rural and remote communities.

- Health professionals provide placed-based community care supporting the health and wellbeing of rural and remote residents
- A health professional can provide continuity of care and plays an important role in health promotion, preventative, and primary care activities
- A health professional is a vital link between primary and tertiary healthcare services, specialist services and supporting of chronic disease management plans.

Digital health care is an essential addition to a rural and remote health service improving and maintaining accessibility to healthcare appointments.

- Digital health appointments used in conjunction with in-person consultations provide rural communities with opportunities to access specialist advice in a timely manner.
- Digital health needs to be supported by adequate connectivity to support the system infrastructure.
- A central location to house the digital health technologies will improve the connectivity of the service and reduce the risk of disruptions during telehealth appointments
- Digital health technologies reduce the costs associated with travelling to specialist health care for patients thus reducing interruptions to work and family commitments.