Models of Care in Small Rural Communities

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Certificate

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that, to the best of my knowledge, any help received in the preparation of this thesis, and all sources used, have been acknowledged.

David Stewart Briggs

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ABS	Australian Bureau of Statistics
ACA	Aged Care Australia
ACAT	Aged Care Assessment Team
AcLan	Aged Care Learning and Networking
ACSA	Aged and Community Services Association
AG	Auditor General (NSW)
AHS	Area Health Service
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Packages
CSDA	Commonwealth State Disability Agreement
DSDS	Department of Senior and Disabled Services (Oregon USA)
HACC	Home and Community Care Program
LTC	Long Term Care
MBS	Medical Benefits Schedule
MPS/MPC	Multi-purpose Service/Centre
NCID	National Council on Intellectual Disability
NEAHS	New England Area Health Service
NCOSS	New South Wales Council of Social Services
NGO	Non-government organisation
OECD	Organisation for Economics and Cooperative Development
PACE	Program for All-inclusive Care of the Elderly
TAFE	Technical and Further Education, NSW Departtment
UNE	University of New England
UNEP	University of New England Partnerships
VACS	Virtual Aged Care Services

Acknowledgments

The completion of this research thesis represents the opportunity to apply some 30 years of experience in the operational management of health services to particular issues that have been of personal interest to me during that career. It reflects, as Axford, Minichiello, Coulson and O'Brien (1999:7) suggest, 'the philosophical orientation and theories of (my) discipline' of health management. I have been particularly interested in rural health, aged care, the development of health service managers and how best to structure organisations to deliver health care.

It also represents a point of change in my career from being involved in the operational management of health services and the development of public policy to a focus on research and teaching in health management. It is hoped that the research contained in this thesis might influence policy for the future delivery of health care in rural settings, particularly in small communities. It is also hoped that it might encourage a focus on the service needs of communities and how best to deliver those services, rather than the current focus on ownership and control of services.

It is appropriate to take this opportunity to thank my wife, Valerie, and my family, Ross, Sarah and Paul, for their patience and forbearance throughout my career and this current transition. I would also like to thank Valerie and Sarah, in particular, for their practical help in the entering of data from the household survey and assistance with the editing of this thesis.

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Preface

The original intent of this thesis was to examine the health care needs of older people living in small rural communities and how those needs might best be met. Interest in this topic arose initially from my involvement in the restructuring of rural health services when, in 1993, individual hospital management, with separate Boards of Directors, was replaced with the aggregation of groups of hospitals into district health services with a corporate board. In 1996, these district health services were restructured and aggregated into eight area health services covering the rural portion of New South Wales. This was undertaken to achieve consistency with the area health service structure found in the metropolitan areas of New South Wales for some considerable time.

Without debating the merits of these changes and restructures, they did, in my view, represent an alienation of local communities from direct involvement in the control and management of the health services, a focus on corporate management and an emphasis on efficiency ahead of effectiveness.

Changes in the ownership and control of health services occurred at a time of perceived economic decline for small rural communities, who had also lost other public sector services and commercial services, such as banks. Reports suggest that rural and remote populations have poorer health than their metropolitan counterparts with respect to several health outcomes, higher mortality rates and lower life expectancy (AIHW 1998). Research also suggests that indicators of socio-economic wellbeing all show increasing socio-economic disadvantage with increasing distance from a major urban centre. This disadvantage is also reflected in access to health resources through the distance, time, cost, transport availability and shortages and uneven distribution of health facilities and health professionals (AIHW 1998:viii; Humphreys 1996:17).

In addition to the impact of the general ageing of the population, rural communities have poorer acces to health services and lower health status compared to their urban counterparts. The rate of increase in ageing of the population in rural communities is ahead of that projected for the general population and urban areas (AIHW 1998:64; NSW Department of Ageing & Disability 2000; Wooster, Minton & Hawkins 1998).

Humphreys (1996:11) argues that many rural, remote communities are at risk of falling below the critical threshold for maintaining existing health services, and the smaller localities in the rural urban hierarchy are likely to require alternative models of health services. This concern has been confirmed in more recent times by the comments of the New South Wales Auditor General in his annual reports to Parliament in respect of the New South Wales Health Department and Area Health Services generally (AG 1999:409; AG 2000:245). His view, as expressed in these two reports, is:

> Costs associated with maintaining and operating these facilities (low occupancy rate hospitals) cannot be easily avoided. Health budgets are finite and there is a choice as to how funds are spent. Where funds are spent on maintaining and operating low occupancy rate hospitals, other services must be adversely affected.

It is also becoming obvious that irrespective of the sector of health with which you are concerned, the clients, customers and patients increasingly reflect an older or ageing population. Therefore, while particular services might have an emphasis on acute care, community care, primary care, disability or ageing, the particular service is being delivered to an older population. As a result, the distinction between the various services is becoming less and the approaches to delivering care are converging towards seamless community or home based care (Yeatman 1996:xi).

Another significant and inhibiting factor in research, and in designing and delivering health care, is the preoccupation of governments and providers with the ownership and control of health services, particularly at a time when the existing organisational structures and titles given to different types of services are becoming less relevant to the type of care provided (Hindle, 2000:3-8; Fennell & Flood 1998:424). This issue is particularly important in a rural health context where research suggests that rural communities need to be effectively involved in their health services (Best 1999:2; Humphreys 1996:13; Strasser & Bryant 1999:9). Despite the recommendations of the Report of the New South Wales Health Council (Menadue 2000) and the New South Wales Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair 2000), there is still an approach in New South Wales that focuses on one solution, that of multi-purpose centres controlled by area health services. Community participation is seen in a consultative context rather than in an effective partnership model.

This study reviews the relevant literature and undertakes a household survey of a range of rural communities to assess the views and intentions of older people

towards a number of factors identified in the literature as directly relevant to an ageing population. The aim of this research is to suggest models of care that might in the future provide more appropriate care services to rural communities and have wider application to larger regional and urban communities.

Chapter one will review the literature on aged care, both within Australia and internationally. Chapter two will describe the research approach, while chapter three will present the results of the study. Chapter four will discuss the research findings and implications for policy and practice and suggested models of care.