

**“Community Priorities and Expectations  
– The View from Geelong  
and  
Southern Health”**

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# Why do this work?

Rationing is **INEVITABLE** in a climate of scarce resources and we can be **IMPLICIT** or **EXPLICIT** about it

# The Context for the work

International:

The need to balance competing demands

- Cambridge and Huntingdon Health Authority
- State of Oregon Health Plan

# The Context for the work

Locally:

- The Geelong Hospital Intensive Care experience
- The Geelong Hospital Cardiac Surgery experience

# **The View from Geelong**

**A project to explore the view of a  
community about its public health  
care system.**

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- (3) Consider a method of utilising the data in the determination of health care priority setting in Barwon Health.
- (4) Determine the model of community consultation which enables ongoing input into the decision making processes of Barwon Health.

# Some Options for Community Participation

- Surveys and opinion polls
- Focus groups
- Nominal Group Technique
- Public meetings
- Citizen's Juries

# Qualitative Study

Eight focus groups with 64 participants

- 4 men
- 4 women
- 3 lower SES
- 3 higher SES
- 3 < 40 years
- 3 > 40 years
- Italian men
- Italian women

# General Conclusions

- an egalitarian approach
- ambivalence towards politicians
- community to be involved but expert advice is needed

# Quantitative Study

## Telephone survey of 400 Members of the Geelong Community

- Men 200
- Women 200
- 40 years and younger 200
- over 41 years 200
- higher SES 200
- lower SES 200

# Priorities

## Comparison of Geelong & UK Surveys

### Geelong

1. Emergency Services
2. Special care and pain relief for the dying
3. Preventative screening & immunisation
4. Aged Care Services
5. Services for people with mental illness

### UK (Bowling 1996)

1. Treatment of children
2. Special care and pain relief for the dying
3. Preventative screening & immunisation
4. Surgery that assists in everyday tasks
5. District Nursing & community services/care at home

# Funding alternatives – an example

Community based services	16%
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**OR**

Hospitals	60%
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Can't say	24%
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# Forced choice questions- an example

Some people's behaviour contributes to their illness, eg. excessive smokers and drinkers.

Should they:

be treated the same as other people in the health system 75%

**OR**

have to wait longer for treatment 18%

Can't say 7%

**Bowling (1996) showed 42% supported discrimination (compared to 18%)**

# Forced choice questions- an example

Premature babies should be given intensive care

regardless of their chances of survival 75%

**OR**

only when they have a good chance  
of survival 19%

Can't say 6%

# Quality, timeliness & cost option 1

Getting good quality 85%

**OR**

Getting the service for free 8%

Can't say 7%

# Quality, timeliness & cost option 2

Getting the service quickly 73%

**OR**

Getting the service for free 20%

Can't say 7%

# Quality, timeliness & cost option 3

Getting the service quickly 23%

**OR**

Getting good quality service 61%

Can't say 16%

## **Conclusion:**

For the majority, a high quality, timely service took precedence over the cost of that service.

# Planning of health services

## - who should make health care decisions?

Range: 1 (Strongly disagree) to 5 (Strongly agree)

Community surveys	4.18
Community groups	3.78
Consumers	2.62
Well educated community members	2.47
Medical Professionals	2.42
Politicians & administrators	1.59

## **Attitudes to health care**

Range: 1 (Strongly disagree) to 5 (Strongly agree)

Patients should always have a say 4.42

Quality of life should be considered 4.19

Be more accepting of death 4.13

Do everything possible regardless 3.02

# In Summary

- Priorities and expectations were for timely access to public hospitals, emergency care & aged care
- For many, cost was less relevant than a quality service
- Shorter waiting times and increased staffing levels were strongly supported

## **In Summary (cont'd)**

- Increased taxes were the best means of financing the health system they sought
- Community based services were less relevant than hospital services
- Health education was supported

## In Summary (cont'd)

- An egalitarian approach to resource distribution was favoured
- Strong support for the community to be involved in decision making in public health care
- Little support for priorities being determined by politicians, administrators and to a lesser extent, medical professionals

# Implications

- Government must provide a planning framework
- The health system must preserve the principles of egalitarianism, ie. Medicare  
- “fair equality of opportunity”
- Rationing of health services is not inconsistent with an egalitarian health system

# Implications (cont'd)

- Increasing taxation will be supported if funding is hypothecated to public health care
- Community based services will have to be 'marketed' as an alternative to hospital care
- Community participation in decision making is strongly supported
  - traditional methods can be used
  - new technologies could be explored to gain community opinion

# **The View from Southern Health**

## ***Key Result Area***

*"Creating & Maintaining Effective Partnerships"*

## ***Dimensions***

*"Community Participation in Key Decisions"*

# Our Community Participation Strategy

Objective	Actions	Indicators	Responsible
To facilitate representation of consumers and community in Southern Health's decision making	Consider & seek funding for a range of models of community participation on key ethical & priority settling issues, eg. citizens juries, Delphi technique, focus groups for specific issues & communities	Consider a range of models to elicit community views on priority setting	Community Advisory Committee
		Funding submissions submitted annually	Senior Operations Group

# Community Participation in Action Forum

## 17<sup>th</sup> & 18<sup>th</sup> September 2003

### Objectives:

- To inform community members, health care providers, government, educators & researchers about international and national trends in community participation (Kitzhaber and Cayton)
- By trialling a range of community participation methods, to elicit a community view in relation to some questions facing the provision of health care at both national and more local levels
- To evaluate the community participation methods trialled to determine a preferred model of community participation

# Forum Target Groups

- Community members (117)
- Health Industry professionals (65)
- Southern Health staff (67)
- 250 people attended over the two days

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# Methodology

- Community Focus Groups
- Community Participation Trials
- Interactive Voting
- Forum Evaluation

# Methodology – Community Focus Groups

Five Focus Groups in the community were facilitated to determine questions to be addressed at the forum

- Glen Waverley
- Pakenham
- Cranbourne
- Dandenong
- Springvale

# Methodology – Community Participation Trials

- Delegate survey
- Focus Groups x 3
- Nominal Technique Groups x 2
- Citizens Jury x 1
- Interactive Voting
  
- ★ Formal evaluation of trials by Australian Institute of Primary Care
  
- ★ Facilitation by staff of Health Issues Centre & Australian Institute of Primary Care

# Examples of Questions & Responses - from interactive voting

- a. The community should have an active role in deciding upon funding priorities in the health system?

Yes – 96.7%

Don't Know – 2.7%

No – 0.7%

- b. Should the private health insurance subsidy be reallocated to funding for public health services?

Yes – 62.2%

No – 25.7%

Don't Know – 12.2%

c. I would pay more towards the Medicare levy if funding raised went exclusively to public health

Yes – 81.6%

No – 10.2%

Don't Know – 8.2%

d. Should the health system favour people younger than 60 to receive non-emergency surgery?

No – 71.9%

Yes – 19.2%

Don't Know – 8.9%

e. Rank the 6 given health services in order of importance

1) Emergency service

2) Preventative screening

3) Service for mental illness

4) Special care for the dying

5) Surgery which assists with everyday tasks

6) Aged care services

# Preliminary Findings

- Overall participation seen as positive
- Citizens' jury & discussion groups seen as most positive
- Nominal technique may require more support
- The effectiveness of any technique must be seen in context
- Important to have a framework for community participation (values, criteria, issues, choices, scope)

# Final Outcomes

- Delegates evaluated forum very positively in terms of meeting objectives & enjoyment
- Basis for recommendations for further action about community participation
- Obtained views of delegates on important questions
- Raised awareness & interest in community members being involved in complex health care decisions involving choice & resource allocation
- Future community participation decision making processes be based on provision of clear & expert input about issues