



***The Healthy Community Checklist:***  
**A way to identify unique**  
**community needs and plan to**  
**meet them**

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# Overview

- Project description
- Community development processes in health research
- Methodology
- Local conditions
- Peculiarities/uniqueness
- Planning problems
- Service delivery questions
- A human rights approach to healthcare
- The Healthy Community Checklist
- How to participate





# Project description

- **AIM:**
- To identify the impact of health and health related policy and practice on rural health status
- **Objectives**
- To study the interplay between public policy, practice issues and service delivery in a rural context
- To identify areas of unaddressed health need arising through tensions within the present system and models
- Identify innovation in health and health related service delivery
- Analyse the gaps and unmet needs identified
- Suggest potential solutions for testing and evaluation





## Using community development processes for health research

Empowerment is the process whereby decisions are made by the people who will wear the consequences of those decisions

- (McArdle 1998).





# Community participation

- A goal of health services and researchers
- Promoted in all areas of government program design and evaluation
- The OECD and World Health Organisation recommend localised approaches to planning and service delivery
- Has been identified as tokenistic in many cases because
  - Over consultation with no perceived outcome
  - Limited access to isolated and disadvantaged community members





# Methodology to identify uniqueness

- Policy analysis
- Statistical analysis of community demographic data
- Global Information System data
- Document analysis, interviews and focus groups in two case study towns.





# Case study towns' local conditions

- Both towns are in the same LGA and had:
  - Similar sized populations of approx 1500 with similar demographic profile
  - Health facilities that included public (hospital, Community Health) and private services (aged care, GPs, pharmacy, pathology)
  - Local public (K-12) and Catholic schools (K-6)
  - Historically small mixed crops and livestock as main industry, currently limited industry and employment options
  - Very small Indigenous and CALD populations





# Local peculiarities - Thirty

- On the highway
- Had a devastating flood with emotional, physical and financial effects still being experienced
- No public housing
- No childcare centre although many young families





# Local peculiarities - Seventy

- Public housing plus families living in the caravan park
- 80 more single parent families than Thirty and 200 more people on incomes below \$200pw
- A 30 bed residential drug and alcohol service
- A perception by residents that Thirty 'gets more' than Seventy
- The town is divided by state and federal electoral boundaries





# Health service history - Thirty

- Residents report –
  - Problems with premises
  - Problems with access to services
  - Travelling for health care
  - Lack of connection or ownership of the health service
  - Concern about the future of health care





# Health service history - Seventy

- Residents report
  - A strong health service
  - Local ownership and pride in the health service
  - History of astute planning and foresight
  - A hospital that meets their needs for ‘just about everything’





# Planning problems

- Health policy is not effectively costed
- State and Commonwealth programs are based on service models not community needs
- Programs overlap but also leave gaps because of lack of coordination between policy makers and funding bodies, and State and Federal agencies
- Health workers do not know what the health needs of their communities are
- Many community members feel disempowered from repeated tokenistic consultations with no apparent outcomes





# ‘Not another consultation’





# Service delivery questions

- Where to deliver services?
- How many /how much service?
- Service delivery does not change because of unique conditions
- What are local needs?
- Health workers report increasing demands on their time and energy.



How can their skills be used most effectively for needs assessment and community development?

- What do decision makers need to know about local conditions to inform planning?





# New service models?

- A human rights approach
  - The inverse care law suggests that the most needy get the least resources
  - The least powerful are the least able to engage in advocacy and lobbying
  - Health workers have rights to a productive and participatory workplace
  - Australia needs to develop ways of implementing rights based approaches





# Blueprint for rural health – a human rights approach

- Promote socio-economic well-being through the provision of education, employment and cultural activities and opportunities allowing people to achieve their potential;
- Provide physical access to culturally appropriate, effective services without compromising the financial, emotional and interpersonal well-being of rural people;
- Provide regular and accessible services for screening, monitoring and development at appropriate life stages;
- Ensure service providers in regional and rural settings are adequately staffed with a suitable range of services, equipment and communications technologies (including adequate working conditions, leisure, professional development and resourcing of staff) and have appropriate rural practice models;
- Ensure services are community managed and resourced to assess local needs.





# The Healthy Community Checklist

- Based on a human rights framework that includes the social determinants of health
- Incorporates a needs hierarchy for decision-making about lobbying and advocacy
- Uses a community development process of information gathering
- Relies on interagency collaboration and worker skills and knowledge to complete the Checklist and make recommendations





# Participation in the Checklist project

- A demonstration trial commencing in March 2009
  - 5 trial sites
  - Workshops to develop and test the checklist protocol and outcome measures
  - Cost \$13,500 per site





## Further information

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