Place-based health planning in rural and remote northern Queensland communities

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Project Team

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AIM

The three-year *Integrating Health Care Planning for Health and Prosperity in North Queensland (place-based health planning)* project aims to improve the responsiveness of health services to the health needs of communities in the northern Queensland region using a place-based planning approach.

Place-based health planning takes a holistic, locally grounded approach through collaboration with local and regional stakeholders including general community members, to identify issues and potential solutions to improve health and health service delivery. It explores demographic, socioeconomic, environmental and cultural factors of the local community, and uses local data and perspectives to inform planning.

Figure 1 describes information sought to explore context and understand the community.

METHODS

Our approach to place-based planning used co-design methodology adapted from work done by Panzera et al[1], and Carlisle et al[2]. A broad approach was undertaken to facilitate exploration of community priorities.

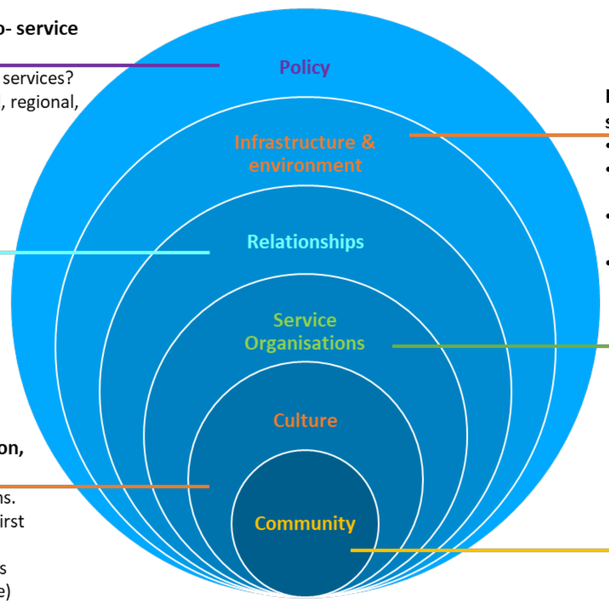
Before starting in each community, a local reference group was established (or we linked into an existing structure if appropriate) to inform and guide the process. Local Project Support Officers were employed, who were our local connectors with community.

The co-design process involved four steps, carried out via workshops, and small group and individual meetings. Workshops focused on the topics listed in Figure 2. There was a period of 2-6 weeks between workshops depending on appropriate timing for the community and team members ability to travel to communities. Face to face workshops were held in each community at two times as well as an online option. There were options to meet in between workshops as well – this staggered approach maximised the opportunity for stakeholders to be involved.

What policies and programmes drive macro- and meso- service priorities?
- How do state and federal govt finance health and related services?
- What industrial and regulatory considerations shape local, regional, state service workforce?
- What priority policy initiatives are current?

Which relationships are important in context?
- Which (interpersonal/interorgansational) relationships shape local priority-setting & decision-making?
- How may those relationships influence participation in planning and codesign processes?
- What role could/do regional networks play in strengthening key relationships (e.g., for funding)?

What cultural/linguistic factors influence participation, service access, service use and delivery?
- Consider historical and colonial factors, and social norms.
- Are there families or groups for whom English is not a first language?
- What cultural or religious beliefs, health seeking models and alternative knowledge systems (e.g., bush medicine) and practices are relevant?
- What significant cultural or religious events are celebrated?



How do infrastructure & environment influence service access, use and delivery?
- What are the telecommunications capabilities?
- Are services reliant on regional road infrastructure & travel networks?
- What seasonal or other environmental factors affect service access and delivery?
- How do housing and accommodation infrastructure support workforce?

What is the service ecosystem?
- Which services/organisations are present and what service model do they use?
- How are existing services networked (if at all)?
- Do any forums exist to coordinate services to avoid duplication and address service gaps?
- Are there other services that could fill identified gaps?

Who are the community?
- What common features characterise the community's identity (e.g., shared place, employment, interests)?
- In what ways is the community diverse/heterogenous?
- How is the community linked to others in the region?
- Which features of the community influence service access, use and delivery?

Figure 1. Exploring context and understanding the community.

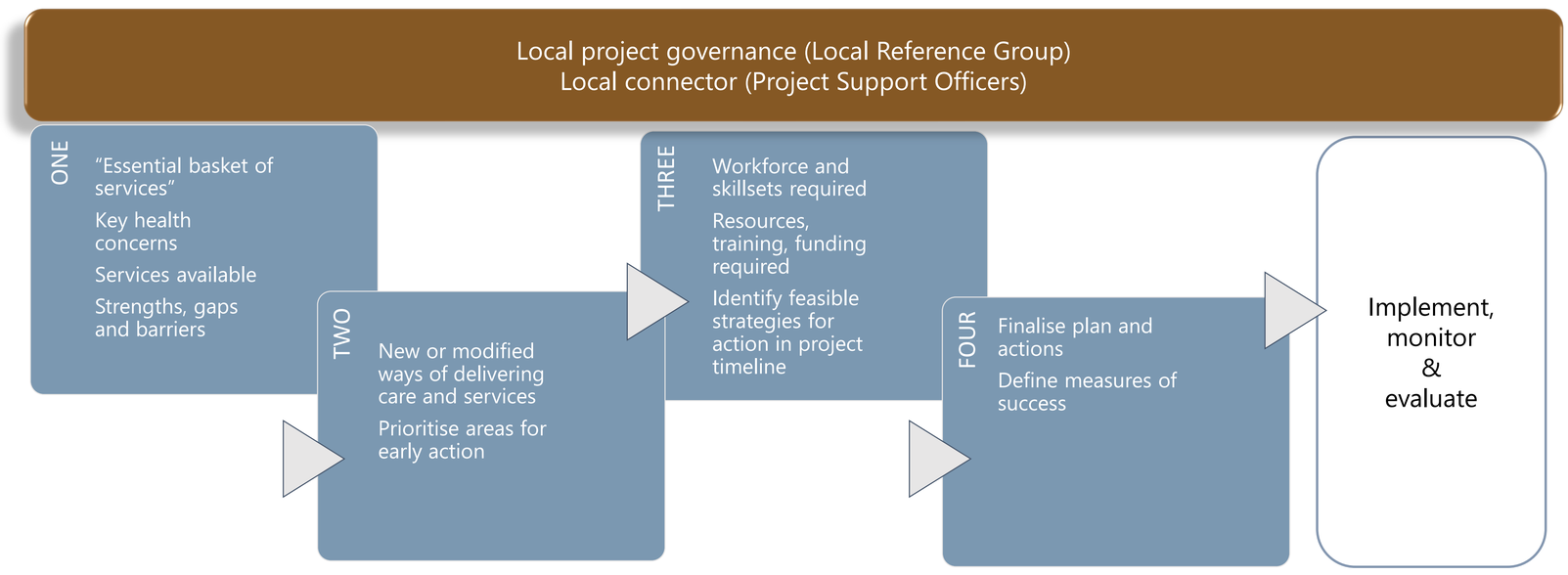


Figure 2. Co-design methodology used to facilitate the place-based approach.

PRELIMINARY ACTIONS/RESULTS

Example health service action – Clermont

Issues
- Limited access to child health, youth health and maternal services.

Proposed actions
- Remodel HHS positions
- Nurse-led general practice child health clinics
- Outreach services from Moranbah and/or Mackay
- Advocate to NQPHN for commissioned service
- Join community with support programs

Resources, workforce, skillsets
- Vacant fractional midwifery position at Clermont MPHS
- Vacant fractional SBYHN
- Midwifery & child health nurses at Moranbah and Mackay hospitals
- Nurse practitioner with child health skills at local general practice
- GP & GP registrar with child health skills
- NQPHN commissioning funds
- Hunter Valley Program
- Telehealth options

Example community-based action - Hughenden

Issues
- Lack of awareness of services and how to navigate them
- Only online or only in-print communication strategies do not work for the local community

Proposed actions
- Increase awareness about services using multi-pronged communication strategy
- Establish network and support for Community Champions to promote services, support navigation, link in with interagency meetings.
- Easily accessible 'Community Champions' – local people (or places) in different sections of the community who are known to be helpful as a source of knowledge and assistance
- Use of My Community Directory

Resources, workforce, skillsets
- Volunteer Community Champions located in accessible places – e.g., Library, North West Indigenous Community Centre, Tourist Information Centre, Community Care staff, Project Support Worker
- Community Champions - networking in community, social media, Flinders Post, key organisations,
- My Community Directory can be accessed and updated for free

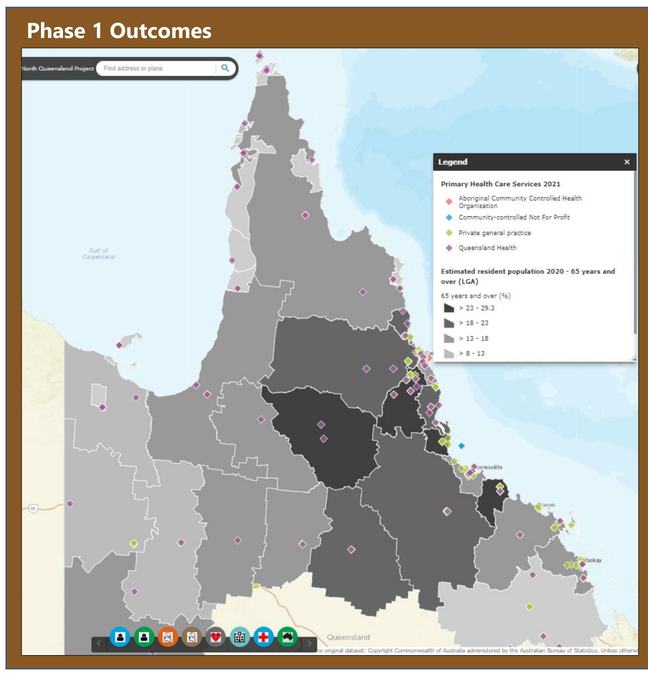
PRELIMINARY OUTCOMES

Early Outcomes

The project has resulted in:
- Information and resources about community and services being shared; increasing service awareness
- Empowered community to drive initiatives
- Shared advocacy – community and local services
- Establishing/renewing relationships (local and regional)
- Linking with other work and initiatives
- Capacity building through community involvement - knowledge of local community, health needs and services, advocacy, research and research skills.

Lessons and Recommendations support place-based health planning:
- Understand and invest in relationships
  - Across stakeholders and across project timeline – services, community groups and individuals
- Foster community ownership
  - Local connector and local reference group
  - Facilitate community advocacy
- Build in and maintain flexibility across the process
  - Timing of the work for community
  - Mechanics of engagement
  - Outcomes – community driven innovation/advocacy
  - Achieving shared priorities and understandings
- Innovation and implementation is complex
  - Complexity of processes for innovation and implementation
  - Timing and synchronicity
  - May involve relationships, historical factors, and multiple levels of leadership and sectors

Phase 1 Outcomes



Northern Queensland Health Atlas

In phase 1, the Northern Queensland Health Atlas was developed and piloted to inform planning in the region. The online, freely available interactive tool contains publicly accessible data about demographics, health services and health workforce that can be overlayed to facilitate comparisons and understandings of place. It presents data, that are otherwise difficult to find across a multitude of platforms, in a single, highly accessible place for use by community members and other stakeholders.

The Atlas is available on the TAAHC website: www.taahc.org.au (under Research)

References

1. Panzera AJ, Murray R, Stewart R, Mills J, Beaton N, Larkins S. Regional health workforce planning through action research: lessons for commissioning health services from a case study in Far North Queensland. Aust J Prim Health. 2016;22(1):63-68.
2. Carlisle, K., Farmer, J., Taylor, J., Larkins, S., & Evans, R. Evaluating community participation: A comparison of participatory approaches in the planning and implementation of new primary health-care services in northern Australia. International Journal of Health Planning & Management. 2018;15

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