CENTRE FOR RURAL HEALTH

Te Whare Whakakotahitanga Mo Te Hauora Taiwhenua

The Successful
Design and Delivery
of Rural Health Services:
FACILITATING COMMUNITY
PARTICIPATION,
TESTING THE TOOL

Sue Grimwood
Martin London
Centre for Rural Health
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ABOUT THE CENTRE

The Centre for Rural Health was established late 1994. It was funded (initially by the Southern Regional Health Authority, then the Health Funding Authority and finally by the Ministry of Health) for a series of projects to support rural health services and community involvement. The Centre was under the directorship of Martin London and Jean Ross from, respectively, rural general practitioner and rural nurse backgrounds. It was also known as the National Centre for Rural Health. The Centre closed in late 2002, with final publications being completed in 2003. The resources and reports created under the auspices of the Centre were uploaded mid 2003 to be available indefinitely.

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Sue Grimwood
Project Researcher

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EXECUTIVE SUMMARY

THE TOOL

In the study, "The Successful Design and Delivery of Rural Health Services - Phase Two: The Meaning of Success" undertaken by Litchfield (2002), she identified that in the new primary healthcare environment communities are being encouraged to have an input into the design and delivery of health services which will meet individual community needs.

Litchfield identified a set of factors and their features to typify successful rural health services. Evaluating these with a community may act as a catalyst for stakeholders, participation in the process of further development of the services.

Litchfield described these factors as:

Equity meaning
▪ Healthcare is responsive to the circumstances of all identifiable groups of the population with particular reference to "the special relationship between Maori and the Crown under the Treaty of Waitangi".
▪ A participatory process provides for a partnership amongst key stakeholders
▪ Healthcare is designed to improve the "health status of those currently disadvantaged".

Appropriateness meaning
▪ Healthcare is designed according to a coherent framework of "good health and well being for all New Zealanders throughout their lives".
▪ Healthcare is responsive to the range of need of persons as individuals
▪ Healthcare is provided knowledgeably and safely for best outcomes
▪ Advances in technology efficiently support and enhance healthcare provided
▪ Healthcare is responsive to the need for support of whanau/family groups to manage care of people with non-critical and chronic illness
▪ Healthcare projects are responsive to the changing patterns of disease within the community as a whole: health promotion/protection from disease

Accessibility meaning
▪ Healthcare is reachable by everyone when needed
▪ Healthcare is affordable by everyone
▪ Healthcare is comprehensive and integrated

Quality meaning
▪ Infrastructure supports equity, appropriateness and accessibility of healthcare
▪ Service design and delivery are efficient, sustainable and flexible
▪ Service design and delivery contribute to the life of the community

The tool developed for trialling in three rural communities is a modification of these success factors for practical application. The 'tick-box questionnaire' retained the four success factors identified by Litchfield, restating the identifying features in terms that were practical and understandable for any individuals or groups in the community capable of being interviewed.

Equity
- Each group gets its fair share of healthcare.
- Each group is able to help decide on health services.
- The services focus on the disadvantaged.

Appropriate
- An effective framework exists for overall wellbeing according to individuals' cultural belief.
- Local services, effective referral and teamwork enable each person to get the care they need when they need it.
- Nurses, doctors and others are qualified to do what they do.
- Equipment and facilities are up to date.
- Whanau/families are helped to care for their people.
- New community health problems are acted on.

Accessibility
- All groups can reach care when they need it.
- All groups can afford healthcare.
- All types of healthcare are available and work together.

Quality
- The facilities, the way people work and community contribution encourage the development and maintaining of high quality services.
- Services run well, are sustainable and can accommodate change.
- Services, design and delivery, contribute to the life of the community.

The modified tool was used to stimulate and facilitate discussion during one to one interviews with stakeholders in each community over a period of one week.

1. The tool lends itself to applications for:
    *   Initiating and supporting community participation in the design and delivery of their health services
    *   Providing a sufficiently strong structured impression concerning the success of services to allow a comparative re-evaluation at a later date.

2. The tool proved to be:
    *   User friendly.
    *   Responsive to local values and issues.
    *   Provides a structured qualitative reference to current success of services.
    *   Identifies gaps and elements of inequity within each community.

3. Limitations:
    *   The tool failed to adequately emphasise the *sustainability* of both health professionals and the co-relationship of this to the services they provide.

THE COMMUNITIES

Using the tool has revealed the following conclusions from the three communities:

Akaroa

Experience of Application:
- The interviewer was known to the stakeholders which may have influenced both the choice of respondents and their responses.
- Residents were analytical when discussing the various components of the tool.
- The base document was used with the modified tool to further explore issues raised during interviews.
- The base document did not elicit additional information and was not used in the other communities.

Degree of Success:
- Respondents were receptive to using the modified tool.
- Information about current health providers and health services was provided.
- Gaps and inequities were identified.

Salient Messages:
- The tool identified that community stakeholders required more information and knowledge to be able to effectively participate in designing their health services.
- Knowledge may provide empowerment to and for stakeholders.
- Health professionals need to have confidence in funding and resources to ensure sustainability of both services and personnel.
- Home care services are tenuous, dependent on funding for retention of staff.

Te Anau

Experience of Application:
- Anonymity of interviewer and interviewee provided discussion without any preconceptions or bias.
- The community embraced the opportunity to discuss their healthcare services.
- Interviews were structured within appointed timeframes.

Degree of Success:
- The modified tool provided in-depth discussions on current services, gaps and inequities.

Salient Messages:
- The impact of tourism affects locals' access to services during emergency call-outs.
- Milford Sound has no health professional or local service provision.
- Dissatisfaction with the local DHB and funding agencies.
- The community has divergent views on the proposed medical centre upgrade and the need for services for the elderly.
- Home care services – as for Akaroa.

Murupara

Experience of Application:
- In this predominantly Maori community the application differed – discussion followed the contents of the tool but the written section was not completed.
- Interviews were more informal with no time constraints.
- The tool facilitated open, sharing discussions.

Degree of Success:
- The flexibility and adaptability of the tool was demonstrated in this community.
- Services, providers and inequities were identified.
- Respondents were proud and quietly enthusiastic about their healthcare services.
- There were no limitations to the information obtained (without use of the written questionnaire).

Salient Messages:
- The community is proactive.
- All were aware of the high teen pregnancy and STD rates, smoking and drug use but needed resources to address the issues.
- Resources, both financial and personnel, will need to continue if GPs, other health professionals and services are to be sustainable.
- Home care – as for Akaroa and Te Anau.

CONCLUSION

The project has demonstrated that even with constraints of time and interview numbers, the process elicited sufficient views from stakeholders for a strong, structured impression to be gained of current primary healthcare services, gaps and inequities within each community.

FUTURE PROPOSALS

1.   To deliver the results of the trial to the respective communities.

2.   To facilitate response to the study through further action:

*   The tool may provide a basis for getting community, practitioners and funders together to design future health services for their communities.

3.   To conduct further trials of the tool:

*   To seek refinement of methods
*   To address the limitations of the trial, which failed to adequately emphasise the issues of sustainability for both services and service providers.

4.   To revisit the communities of Akaroa, Te Anau and Murupara with the tool in two years time to evaluate its effectiveness as a gauge of change.

THE SUCCESSFUL DESIGN AND DELIVERY OF RURAL HEALTH SERVICES

BACKGROUND TO STUDY

Phase 1:

The collection and collation of data on experience and opinion from three groups of key stakeholders and academic staff of the National Centre for Rural Health. (Dawson, 2001)
and a review of recent international literature on success in rural health provision and community involvement.

Phase 2:

The meaning of success; an analysis of these data and integration into sets of success factors to acknowledge the distinct but complementary perspectives of consumers and providers. (Litchfield, April 2002)

Phase 3:

To trial the use of a 'tool' as a catalyst for consumer and practitioner/provider participation in the design and evaluation of services in their rural communities.

FACILITATING COMMUNITY PARTICIPATION

The implementation of the Primary Health Care strategy is proceeding towards the establishment of Primary Health Organisations (King, 2001). The Rural Expert Advisory Group (2002) identified the need for realising opportunities and supporting locally devised solutions to issues in primary healthcare. Community participation and innovation are viewed as the key to achieving a locally responsive health service that reflects the principles of the national strategy.

Part of the challenge to bring together stakeholders is to redress the lack of knowledge and the associated reluctance to be involved because of the reality of power relations, particularly in small rural communities. Litchfield identified a set of success factors as a source of information for all potential participants, providing an instrument to facilitate dialogue. It is intended to have roots in community perspectives of need for healthcare and the practitioners/providers capacity to respond. It is also intended as a catalyst for all stakeholders to participate in the design and delivery of their health services.

The current project involves exploring the suitability of a draft tool for helping a rural community obtain equitable, appropriate, accessible, sustainable and affordable primary healthcare.

COMPARATIVE QUALITATIVE MEASUREMENT OF THE TOOL

The tool is also intended as a means of achieving baseline measurements of the success of services from which to monitor change. Communities, providers, health planners and funders offer initiatives aimed at improving and stabilising rural health services influenced by environmental changes. The tool is being trialled as a means of evaluating these events.

DEVELOPING A TOOL

The tool has in part, been developed to explore the process of, and capacity for, community participation (including the Treaty of Waitangi principles of partnership, participation and protection) thus creating an opportunity for community residents and stakeholders to be involved in the design and delivery of health services for their area.

As identified by Litchfield (2002) areas to be addressed should include equity, appropriateness, accessibility and quality.

Further expanded they were recognised as:

Equity: *meaning …*

- Healthcare is responsive to the circumstances of all identifiable groups of the population with particular reference to the "the special relationship between Maori and the Crown under the Treaty of Waitangi"

- A participatory process provides for a partnership amongst key stakeholders

- Healthcare is designed to improve "the health status of those currently disadvantaged"

Appropriateness: *meaning …*

- Healthcare is designed according to a coherent framework of "good health and wellbeing for all New Zealanders throughout their lives"

- Healthcare is responsive to the range of need of persons as individuals

- Healthcare is provided knowledgeably and safely for best outcomes

- Advances in technology efficiently support and enhance healthcare provided

- Healthcare is responsive to the need for support of whanau/families/groups to manage the care of people with non-critical and chronic illness

- Healthcare projects are responsive to the changing patterns of disease within the community as a whole: health promotion/protection from disease.

Accessibility: *meaning ...*

- Healthcare is reachable by everyone when needed

- Healthcare is affordable by everyone.

- Healthcare is comprehensive and integrated

Quality: *meaning ...*

- Infrastructure supports equity, appropriateness and accessibility of healthcare

- Service design and delivery are efficient, sustainable and flexible

- Service design and delivery contribute to the life of the community

A document was designed incorporating all aspects of equity. appropriateness, accessibility and quality to facilitate community discussion. The tool in this form was comprehensive but written in bureaucratic 'health-speak' which may have limited its usability where many community residents may only have a general knowledge or understanding of their health services, the design of health services and the delivery of these in their area. (Appendix A)

For these reasons the tool was simplified to encompass all the key indicators and prepared as a tick-box questionnaire for use in one to one interviews and as a basis for the researcher to identify areas of interest, concern and/or areas requiring further clarification during informal discussions with individual community stakeholders. This format was intended to provide an opening for frank discussion and to encourage dialogue between the interviewer and interviewee. The language was simplified to enable its use across the spectrum of communities regardless of age, ethnicity or involvement in health provision. The tick-box section of the tool was designed to enable completion within five minutes.

The resulting terminology used was as follows:

Equity: *has three components ...*

- Each group gets its fair share of health services;
- Each group is able to help decide on health services;
- The services focus on the disadvantaged.

Appropriate: *has six components ...*

- An effective framework exists for overall well-being according to individual's cultural belief;
- Local services, effective referral and teamwork enable each person to get the care they need when they need it;
- Nurses, doctors and others are qualified to do what they do e.g. a broad range of good skills;
- Equipment and facilities are up to date;
- Whanau/families are helped to care for their people;

- New community health problems are acted on.

Accessibility: *has three components ...*

- All groups can reach care when they need it;
- All groups can afford healthcare
- All types of healthcare are available and work together.

Quality: *also has three components ...*

- The facilities, the way people work and community contribution encourage the development and maintaining of high quality services;
- Services run well, are sustainable and can accommodate change;
- Services, design and delivery contribute to the life of a community 'i.e. the service is not an addition to the life of the community but embedded in it'.

Tick-boxes provided answering options of :
'yes', ' mostly', ' partly', ' no' and *'no feelings'.* (Appendix B)

Three rural communities were chosen to explore the suitability and effectiveness of the draft tool in facilitating community participation when evaluating equitable, appropriate, accessible, sustainable and affordable healthcare in different rural areas. The communities were contrasting yet similar in population size and geographic isolation.

- *Akaroa* (where we have both worked and have an intimate knowledge of health services and providers) and *Te Anau* are both predominantly 'white, middle class New Zealand', reliant on tourism and agriculture/horticulture for their socio-economic development. This does not disregard the fact that there are areas of deprivation and poverty within these communities.

- *Te Anau* as for Akaroa but more remote

- *Murupara*, the third community is in the hinterlands of the East Coast, with a predominantly Maori population, is high on the deprivation scale and dependent on forestry (and to a lesser extent tourism) for its economic survival.

The tool was tested to identify its strengths and weaknesses when used to assess the community's receptiveness and responsiveness to the questions contained in it. It was also tested to determine effectiveness in identifying concerns, suggestions, patterns and events affecting each area's ability to obtain equitable, affordable, accessible and quality health services within the resources available to that community.

The success of the tool and the level of confidence gained in measuring all components were assessed across each key indicator for the three communities. The ranges for these were *'confident', 'reasonably confident', and 'not confident'.*
.
Interviews were expected to take no more than one hour including completing the five-minute tick-boxes in the written tool.

To trial the tool was an exciting and yet challenging prospect. Entering communities with little background information and only one or two 'friendly' contacts was approached with trepidation. People willingly participated, divulging personal anecdotes and experiences, expressing their opinions and understanding of their health services and its gaps. A comprehensive overview of current services was gained for each community.

FACILITATING COMMUNITY PARTICIPATION – A QUALITATIVE STUDY OF THREE RURAL NEW ZEALAND COMMUNITIES

Respondents chosen for the project were selected from a cross section of ages and lifestyles in population centres and more remote communities and included those involved in the delivery of health services. Individual interviews often evoke personal experience and were therefore preferred over focus groups, which may have inhibited candid disclosure.

COMMUNITY DEMOGRAPHICS

For comparisons/similarities of the three communities see Appendix C.

AKAROA

Akaroa is a picturesque tourist town, known for its French settler heritage, serving geographically scattered rural communities and is sited on the southwest harbour of Banks Peninsula (Akaroa, Banks Peninsula, New Zealand – The Canterbury Pages). It is 1.5 hours by road to Christchurch where tertiary, outpatient, specialist, laboratory and x-ray services are accessed. Much of the highway is windy, hilly and weather affected in winter. Akaroa is ranked as being rurally disadvantaged for health provision/providers.

➢ The usual resident population at 6 March 2001 (census) was 1668, a decline of 9.5% since the previous census; 292 are < 15years old; 932 are > 65years; Maori residents number 105; 436 earn > $30000.00/annum and there are 198 businesses. (Statistics New Zealand). The town population swells by several thousand over holiday weekends and the summer season. There is some seasonal unemployment and a very small number of residents who gravitate to more remote communities where work opportunities are limited.

Identified Primary Healthcare Services

- A two General Practitioner (GP), privately owned practice attached to a District Health Board (DHB) funded five general and two maternity bed hospital;
- The surgery has three part-time practice nurses and one part-time district nurse.
- Maternity services are available locally.
- Call for the GPs is 1:2 weekdays and 1:4 for weekends (when locum cover is available).
- There is also an eleven-bed rest home with a small, adjoining retirement village. However the rest home is currently under threat of closure due to low occupancy.
- Physiotherapist (with rooms on the hospital and health centre site);
- Local pharmacist
- A dentist is available two days a week;
- Part-time occupational therapist
- Plunket/public health nurse.
- Emergency and after hours care can be provided at the hospital, attended by the on-call doctor.
- A well-equipped 'first response vehicle' is staffed by volunteers. The local community raised the funds for the vehicle, which is now owned by St Johns who also provide training for the volunteers.
- Access to the rescue helicopter service from Christchurch is available.
- Home help and personal care is available via the health centre, funded by Access 2000.
- A counsellor has a weekly clinic at the surgery,
- An optometrist and podiatrist visit regularly.
- Co-ordinated services for the elderly (COSE)
- The rural mental health team is accessed from Christchurch on an as needed basis.
- There are no specialist outreach services or clinics. Akaroa people must travel to Christchurch for outpatient and specialist referrals.
- The nearest Tertiary facility is in Christchurch 1-½ hours by road from Akaroa, further for outlying Bays.

An anomaly exists with administration of hospital services coming from Ashburton, (one hour south of Christchurch), whilst additional equipment and services are accessed from Christchurch. Under the old system of Crown Health Enterprises, Ashburton was given responsibility for rural hospitals in the Canterbury area and this role has continued.

Choosing Participants in Akaroa

In the Akaroa study the researcher chose the people to interview. To limit the potential for bias, some residents known to not usually participate in consultative meetings were approached along with proactive community stakeholders and health practitioners. Although the study was discussed with, and interest shown by, the Canterbury DHB Planning department responses to the questionnaire were not forthcoming. It would have provided an interesting side-issue comparing community responses with the funding agency's interpretation/understanding of service provision in Akaroa.

Using the Tool in Akaroa

Because interviewees in Akaroa knew the researcher many of the appointments were lengthy, outside the set time frame and were more likely to stray from the topic with anecdotal information being interspersed with focused responses. As this was the first community interviewed, the tool was used to identify areas of concern and these were then discussed more fully using the original 'health-speak' document to help expand on responses. Although successful in these instances, on reflection, it did not elicit additional information. The interviewer in Te Anau or Murupara did not use this method.

Generally, the Akaroa community is reactive rather than proactive to situations that may affect their health services e.g. when the hospital was threatened with closure an organisation was set up to ensure its long term survival.

Community Responses

The following question was asked for each key indicator and for the components of each section – recognising that outside researchers may unintentionally impose their own values on the responses from the communities.

❑ *How comfortable were respondents with this statement?*

   Comfortable ☐   *Reasonably Comfortable* ☐   *Not Comfortable* ☐

■ Respondents for Akaroa, Te Anau and Murupara were unanimously *'Comfortable'* with the questions asked within each section of the modified tool.

RESPONSES FOR AKAROA

Equity

Each group gets its fair share of healthcare

Although attempts were made to ensure all groups in the community benefited, the following areas of inequity were identified:

- Geographic inequity for those living in the outer bays who were hindered by transport, distance and socio-economic circumstances.
- Some young people had concerns about confidentiality and privacy particularly where the health professionals socialised with their parents;
- Difficulties and frustrations have arisen when accessing acute mental health services from outside the area
- A number of respondents felt that individual choice determined whether care was accessed or not.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* ☑   *Not Confident* ☐

Each group is able to help decide on health services

- It was acknowledged that groups can decide, but because of apathy or lack of knowledge, they choose not to.
  "Communication within the community will ensure participation."
  "The process is designed to facilitate partnerships but vocal locals may inhibit this participation."
- Some respondents see a danger in that if the doctor is seen as an expert on any committee input from community members may be inhibited in the belief that it will not influence change.
- *"Stop the changes"* was reiterated more than once. (comment regarding Government policies)

❑ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* ☑   *Not Confident* ☐

The services focus on the disadvantaged

- Health providers indicated that the system is not designed to focus on the disadvantaged.
- Health professionals could do better given greater resources and time.
- Communities outside the town area are geographically disadvantaged.
- People have to acknowledge that they have needs and that they need to be informed of possibilities and choices.
- Those individuals who might experience social or cultural barriers in accessing available services need to be empowered to make choices.

❑ *How confident is the writer that these views reflect a community view?*

Confident √   *Reasonably Confident* ☐   *Not Confident* ☐

APPROPRIATE

An effective framework exists for overall well being according to an individual's cultural belief

- Respondents believe that the community is well served with holistic and responsive health care.
  "We have excellent follow-up and follow-through, the door is always open and whanau are able to be involved."
- Opposing opinions from some who believed that a community driven model could improve the overall wellbeing of the community.
  "We still have the ambulance at the bottom of the cliff. Education provides knowledge and self- responsibility."

❑ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* √   *Not Confident* ☐

Local services, effective referral and teamwork enable each person to get the care they need when they need it

- Everyone agrees that emergency services were second to none.
- Volunteers provide many of these services in support of the GPs.
- Volunteer support needs to be recognised by outside funders of health services.
  "A&E services are better than Christchurch."
- Reservations were expressed about the chronically ill, disabled and rurally isolated being not so well served
- It is agreed that there is continuity of care, and all services are available.

- Community knowledge is, again, an issue.
  "The community don't always know what is available."
- Two people felt that on-referral is too slow.
- Lack of personnel and number of hours allocated for home help is an issue, which has recently seen some resolution with available hours being doubled.
- Remuneration for home care workers affects retention of staff. Rural communities have a limited human resource pool. Currently they are paid low wages with no reimbursement for travel costs.
  "...how much 'top-slicing' occurs by the organisations holding the contracts. "

❑ *How confident is the writer that these views reflect a community view?*

Confident   ☑   *Reasonably Confident*   ☐   *Not Confident*   ☐

Nurses, Doctors and others are qualified to do what they do 'i.e. a broad range of good skills'

- Health professionals agree with the statement, qualifying it by saying that there is always room for improvement and that nurses could learn additional skills such as triaging, health promotion and disease prevention.
- On the other hand the community agrees that they presume staff are qualified but that they don't know.

  "We hope practitioners have the right qualifications but we trust rather than know."

❑ *How confident is the writer that these views reflect a community view?*

Confident   ☑   *Reasonably Confident*   ☐   *Not Confident*   ☐

Equipment and facilities are up to date

- Residents believe that facilities are well set up with most things available
- Small gaps only, such as no x-ray facilities.
- Can always need new equipment as technology advances.
  "Rural communities tend to be accepting of lesser technology and services but with changing demographics the community's resilience may change, may expect more."
- Some health professionals are not quite so satisfied and would like to have enlarged facilities, an autoclave, pulse oxymeter and a digital thermometer rather than borrowing from other providers.

❑ *How confident is the writer that these views reflect a community view?*

Confident   ☐   *Reasonably Confident*   ☑   *Not Confident*   ☐

Whanau/families are helped to care for their people

- Everyone agrees that healthcare in the town area is absolutely responsive
- Whanau involvement is supported

- There are concerns for those geographically isolated where access to domicilliary care is limited
- Some concerns were expressed that people had insufficient practical information to cope at home and that information/knowledge could improve this.

❑ *How confident is the writer that these views reflect a community view?*

Confident   √   *Reasonably Confident*   ☐   *Not Confident*   ☐

New community health problems are acted on

- The community believes the services are extremely responsive.
- Health professionals express concerns that services are reactive rather than proactive.
- Better co-ordination is needed between public health and primary health care providers.

❑ *How confident is the writer that these views reflect a community view?*

Confident   ☐   *Reasonably Confident*   √   *Not Confident*   ☐

ACCESSIBILITY

All groups can reach care when they need it

- Distance and rurality make a difference to the services available but it is also noted that this is part of personal choice in rural living.
- Some concerns were expressed about the cost of staying in and/or travelling to access specialist and outpatient services in Christchurch.
- The need for access to a car or driver to reach services be they local or in Christchurch
  "Rural communities place more value on self-dependency."
- Communications such as telephones and neighbours opens access to care in rural areas.
- Emergency services are well covered.
  "Don't expect a Rolls Royce service when we have a mini."

❑ *How confident is the writer that these views reflect a community view?*

Confident   √   *Reasonably Confident*   ☐   *Not Confident*   ☐

All groups can afford health care

- Care is available regardless
- Respondents agree it depends on peoples' priorities.
- There is a need for self-responsibility
- There are pockets of deprivation throughout the area and these are increasing, not just applicable to young families.

- There is a need for an increase in Government subsidies for prescriptions, for young working families.
- GPs said that subsidies are not keeping up with the true cost of healthcare.
.
- ❏ *How confident is the writer that these views reflect a community view?*

Confident ☐ *Reasonably Confident* ☑ *Not Confident* ☐

All types of healthcare are available and work together

- Not everything is available but what is generally works well
- Choices are available with current providers. Having a male/female GP combination allows this choice
- Better links need to be forged with Public Health and other providers where currently there is no regular contact.
- Specialist outreach services are almost non-existent
- Acute mental health services, at times of crisis, need to improve (these are influenced by external providers not local services).
- Support groups spring up with need – rural communities tailor their needs.
- Many respondents believe that the general community is not aware of all the services available and community education/knowledge is needed.
  "A knowledgeable person needs to be available for community to access information. This is not the GPs' responsibility or that of any medical person."

- ❏ *How confident is the writer that these views reflect a community view?*

Confident ☑ *Reasonably Confident* ☐ *Not Confident* ☐

QUALITY

The facilities, the way people work and community contribution encourages the development and maintaining of high quality services

- Generally comments are positive e.g. excellent follow up, security in the knowledge that the 'door is always open'.

- The risks surrounding retention of the local rest home and the current facilities is an issue for this community. All agreed there is a need to update the building, which may help with attracting more residents
- There is a need to determine what the community might need in the future.
  "What does the next generation expect for their elder years – is it care in their own home?"

❑ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* ☑   *Not Confident* ☐

Services run well, are sustainable and can accommodate change

- The lay community does not have enough knowledge to be able to respond to the question and perceive that everything is running well.
- Health professionals have opinions noting that sustainability will always be an issue for rural communities.
  "Currently services are becoming sustainable, the support for retention needs to continue, now the money is there but it is sometimes difficult to obtain the personpower."
- A nurse commented *"there are nice things happening but there is room for improvement such as regular multidisciplinary meetings."*

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Services, design and delivery contribute to the life of the community 'i.e. the service is not an addition to the community but embedded in it'.

- Absolutely unanimous agreement with this statement
  "Health is involved with the community. Our community would be different without these services."

  "People come to visit, holiday, retire with medical and emergency services available."

  "It is the hub of the community, the pivotal point."
  "Health providers allow us to live in the community, encouraging responsibility for each other."

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Additional comments reflecting local community/rural issues

"Fleetlink two way radios for locum (and GP), which could be plugged into car lighters, would provide a link to the emergency channel i.e. comms/first response vehicle/locum. Useful when the Doctor is travelling independently in unfamiliar territory."

"There should be student debt write-off, or part reduction, for doctors/nurses/physios undertaking 2 years country service before moving into specialty fields. They would all gain good hands-on experience, good personal skills, learning in the community. Make graduates try rural practice by incentive, they might actually like it."

"Maori need innovative programmes for the young – smoking, drugs, alcohol and positive parenting programmes to help alleviate problems."

"It is time to evaluate the bricks and mortar/service delivery but who will be brave enough to implement changes in the structures. No-one wants to rock the boat and there are too few on the ground to drive change."

With regard to young people, access to health services has been good.

"Girls are practicing good sexual health, safety and care. Perhaps they are better than the boys. There have been no T.o.Ps (termination of pregnancy) for six years."

"Smoking and alcohol use by young people. Perhaps we've put it in the too hard basket. Whether it's a lack of time/effort/culture we live in or whether it's a fear of failure (in our selves). Should we show more responsibility?"

SUMMARY FOR AKAROA

The tool has provided a picture of services available, issues for the community and health providers to address, and some service gaps.

- Generally services are meeting the needs of the community but often where there are gaps, services are constrained by lack of adequate funding from outside sources rather than a lack of acknowledgment by providers that there is a gap.

- Although outlying rural communities are scattered in remote locations, it is accepted that travel to services is an accepted part of rural living, part of rural resilience.

- Lack of knowledge of all the services available may limit people accessing all the cares they are entitled to is an issue raised by many respondents.
  One respondent's comment succinctly covers this concern.
  "The challenge will be to inform the community before consultation. Should we consult on information sharing!"

- Home care has had its problems over recent years and although the issue of being allocated an adequate number of hours has been resolved the issue of retention of carers due to poor remuneration still remains. There is a lack of recognition by the funders that little more than a minimum wage is poor remuneration for people entrusted with the care of, primarily,

elderly and those with disabilities in our communities. Rural carers often spend considerable time and distance travelling to their clients without recognition of these additional costs.

- The impending closure of the local rest home evoked comments and is currently being addressed by a reactive community.

- Acute mental health services are almost impossible to access and people have to be cared for locally. The situation is not ideal and it is because of the generosity of all staff involved in this care that this is undertaken safely.
  "Perhaps next time we may not be so lucky!"

- For health professionals the issues involve the retention of providers, more interaction/liaison with public health providers and more regular multi/interdisciplinary team meetings.

QUANTITATIVE EVALUATION

Converting qualitative study into a semi-quantitative summary is inevitably open to criticism. Nevertheless, an attempt is made with each community to aid comparisons over time concerning the general state of the services. Numerical summaries may have their greatest contribution when aggregated for analysis with scores from other communities. In this way they may contribute to regional and national pictures of the changes in rural health services, difficult to achieve when faced with the complexity of differing qualitative data. It is of course complementary to the qualitative details which the numbers on their own obscure.

The quantitative summary for Akaroa follows.

AKAROA

EQUITY	yes	mostly	partly	no	COMMENTS	
1. Each group gets its fair share of healthcare		✔			Rurality influences availability of services	2
2. Each group is able to help decide on health services		✔			Belief that current decision makers don't always listen	2
3. The services focus on the disadvantaged		✔			Health professional require time and resources	2
					TOTAL	**6/9**

APPROPRIATENESS	yes	mostly	partly	no	COMMENTS	
1. An effective framework exists for overall wellbeing according to individual's cultural belief	✔					3
2. Local services, effective referral and teamwork enable each person to get the care they need when they need it			✔		Rurality limits choices, referral too slow, personnel retention influences homecare services	1
3. Nurses, doctors and others are qualified to do what they do, i.e. a broad range of good skills	✔					3
4. Equipment and facilities are up to date		✔			Rural acceptance of lesser technology, i.e. no x-ray	2
5. Whanau/families are helped to care for their people		✔			Rural isolation limits options	2
6. New community health problems are acted on		✔			Reactive, not proactive, health professionals require more resources/time	2
					TOTAL	**13/18**

ACCESSIBILITY	yes	mostly	partly	no	COMMENTS	
1. All groups can reach care when they need it		✔			Rurality influences access	2
2. All groups can afford health care	✔				True costs not recovered by practitioners	3
3. All types of health care are available and work together		✔			Lack of outreach services	2
					TOTAL	**7/9**

QUALITY	yes	mostly	partly	no	COMMENTS	
1. The facilities, the way people work and community contribution encourage the development and maintaining of high quality services	✔					3
2. Services run well, are sustainable and can accommodate change		✔			Reasonable rosters and retention funding contribute to current sustainability	2
3. Services, design and delivery contribute to the life of the community, i.e. the service is not an addition to the community but is embedded in it	✔					3
					TOTAL	**8/9**

TE ANAU

Te Anau is an attractive resort village on the shores of the second largest lake in New Zealand. It is the gateway to Fiordland, known as 'the walking capital of the world. Consequently most residents are involved in the tourism sector. The surrounding area contains many deer, sheep and cattle farms. In contrast to the other communities Te Anau is a young town, developed about thirty years ago to serve the farming families, hydro-electric power development at Manapouri and latterly the burgeoning tourism industry. It is considered remote in terms of health services, being two hours by road to Kew Hospital in Invercargill and four hours to tertiary services in Dunedin (Fiordland Health Property Trust, 2002). It is the furthest town in New Zealand from a hospital facility.

➢ The usual resident population is 1854, a 3.9% increase since the previous census; 334 are <15 years; 210 are > 65years with 124 Maori residents. Those earning > $30000.00 number 558 and there are 211 businesses. (Statistics New Zealand)

The population can swell by 5000/day with visitors to the town and those travelling to Milford Sound. There can be as many as 40 tourist coaches in the town at any one time.

There is no unemployment. During the October to April season there is a shortage of workers.

Identified Primary Healthcare Services

- Te Anau's services operate from a twenty-eight year old Health Centre building owned by the community via a Health Trust.
- The Practice has two permanent GPs plus one locum.
- Three part-time practice nurses.
- Call is 1:3.
- One practice nurse is also a midwife.
- There are no maternity delivery services. Therefore care is shared with Lumsden, 80km away, or Kew hospital in Invercargill.
- Local pharmacist.
- Physiotherapist.
- Dentist (2 days/week from Invercargill)
- A district nurse and Plunket/public health nurse.
- Emergency services are provided by the on call GP and volunteer ambulance personnel.
- Local tourist operators and their helicopters are used when required. The operators' local knowledge of the topography, their flying ability and the availability of their helicopters are an advantage for local practitioners.
- There is no rest home or pensioner housing available.
- Laboratory facilities are accessed at Queenstown because there is a regular courier service to that hospital,
- X-ray services can be provided for limbs and shoulders at the health centre;
- Some outreach specialist services are provided, if the demand warrants it, otherwise people must travel to Invercargill or Dunedin.
- There are no health professionals, GPs or nurses, based at Milford Sound.

Choosing Participants in Te Anau

Te Anau residents were initially identified by the researcher contacting a community co-ordinator for potential names/phone numbers prior to travelling to the area. Once in the community residents themselves suggested others to approach. Where the researcher perceived there to be gaps in representation, either by age or ethnicity, local residents were approached (without invitation or appointment) in their gardens, business or on the street.

Using the Tool in Te Anau

In *Te Anau* the time frame for interviews was strictly adhered to. It was a busy time of year with the tourist season in full swing, the school year finishing and Christmas just two and a half weeks away. Residents were prepared to allocate some time within obviously busy schedules. Many are passionate about some health issues such as needing a new building with better trauma facilities, lack of facilities/rest-home/pensioner housing for the elderly and lack of funding support from the DHB and/or Government to meet the community shortfall for the new health centre.

RESPONSES FROM TE ANAU

Equity

Each group gets its fair share of healthcare

- The Service has improved over the last ten years due in part to the generosity of health professionals.
- Expressions of concern were raised about longer-term care for the elderly.
  "Some years ago it was, we need birthing services, now it's we need elderly services."
- Having to go out of the area for specialist care is difficult for some
- Transport and the geographic area covered is an issue for the elderly.
- Lack of telecommunications in some places due to 'dead' coverage areas.
- The language barrier faced with the large number of tourists visiting the town is also an issue.
- Older teens and young adults interviewed are more reluctant users of health services.
  "Young people don't go locally. It is just the small minded community and the cost."

❑ *How confident is the writer that these views reflect a community view?*

Confident √   *Reasonably Confident* ☐   *Not Confident* ☐

Each group is able to help decide on health services

- As for Akaroa, opportunities are available for residents' involvement
- Unless they are involved either in the Health Trust or are a practitioner, they tend not to be.
- Many think their voice won't count.
  "*Where can communities help decide when the DHB is determined to hold decision making powers.*"
  and "*Decisions are made. Then the mandatory consultation takes place!*"

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

The services focus on the disadvantaged

- The community believes services are there if people want them.
- Many have concerns that the elderly require more.
  "*It seems as if someone sees a gap and starts working such as the physio, or the Government starts funding a certain type of service.*"

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

APPROPRIATE

An effective framework exists for overall well being according to an individual's cultural belief

- Lay respondents agree that everyone has their own beliefs and expectations and that people are treated as they would like.
- All receive care if they are ill.
  "*I'm always treated with respect, must be my age*".
- Health professionals noted that a framework can not necessarily be adhered to. Compromises are required due to the lack of personnel available during times of call-outs/accidents because of time and distances often travelled.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* ☑   *Not Confident* ☐

Local services, effective referral and teamwork enable each person to get the care they need when they need it

- One young respondent is not enamoured by local services citing referrals, lack of follow-up, no reporting back, no regard to work schedules or circumstances when specialist appointments made.
  "For example the eye specialist comes monthly but you're only given two days notice of appointment time. It can be difficult to meet a time frame if you are working or reliant on friends for transport. I was previously based at Franz where medical services were free and we were better served than Te Anau. There were many more specialist visits, probably due to personnel running health services rather than bureaucrats."
- Others spoken to did not reiterate these comments.
- The town and surrounding areas are well served with care for the terminally ill and emergency services.
- The community has divided views about services for the elderly
- Some believe that choices are available.
- Providers of health services are valued and appreciated and GPs well respected.
  "People who live here are resilient. Different people have different perceptions of medical requirements,"
- It is acknowledged that long time frames for specialist appointments are not the fault of the GP.
- Information imparted by the health professionals could be better.
- The facilities are inadequate.
- Health professionals cite overwork, tiredness and being on-call sometimes interfering with optimum care.
- Teamwork evoked a response from within and outside the health service.
  "Teamwork, appears more as though it is individuals working rather an holistic approach."

❑ *How confident is the writer that these views reflect a community view?*

Confident [√]   *Reasonably Confident* [ ]   *Not Confident* [ ]

Nurses, Doctors and others are qualified to do what they do 'i.e. a broad range of good skills'

- The community is enthusiastic about 'their' well skilled, competent health providers and value and appreciates them.
  "GPs and nurses are good at their jobs, they don't miss much."
  "Staff are competent and generous with their time."
- Health professionals want more time for continuing education.
- It is also noted from comments made that there are no multidisciplinary team meetings and only minimal peer review within the nurses group.
  "Dynamics are sometimes difficult."

❑ *How confident is the writer that these views reflect a community view?*

Confident [√]   *Reasonably Confident* [ ]   *Not Confident* [ ]

Equipment and facilities are up to date

This evoked the greatest number of comments and difference of opinion within the community.
- There are different perspectives surrounding the proposed new facilities.
- Most acknowledge that the current facility is inadequate but that what the community wants and what providers need may be different.
  "The facilities may be inadequate and much of the equipment has been funded by service groups but it is well run with what we've got. I'm sure no one has died through lack of facilities or equipment."
  "Facilities aren't upmarket but they're not bad. Some equipment is old and outdated."
  "The facilities are run down. One major incident would kill tourism in Te Anau."
- Currently the building does not have a nurses' room, the triage area opens onto the ambulance bay and is used for a variety of other procedures.
- There is no desire to have overnight observation beds.
- Health professionals would like to have good trauma facilities.
- Some lay respondents would like an improved local x-ray service.
  "There is only half a service available, arms and legs that's all!"

❑ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* ☑   *Not Confident* ☐

Whanau/families are helped to care for their people

- Generally the community is satisfied and agrees there is good support for people to stay in their homes.
- As with other areas home care personnel are thin on the ground and volunteers have to pick up the pieces.
- Remuneration for carers is an issue reflected, as is the difficulty with retention of workers.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

New community health problems are acted on

- Pertinent responses primarily came from health professionals who felt that time and funding for proactive programmes is an issue.
  "If funding available could do more work in the community. We could undertake prevention/promotion of health but time and energy is also a factor."
  "--- not as well as could be but I doubt if any small community could cope if there was an outbreak affecting all of the community."

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

ACCESSIBILITY

All groups can reach care when they need it

- The community is accepting of availability of services, when required locally, realising that occasionally the GP will be out of the area during an emergency.
- Volunteers provide basis of emergency services with GPs.
- It was agreed that distance was not a problem locally.
- Leaving the area for some specialist services is difficult at times, due to distance and transport.
  "Services are good for a small resident population in a remote area with high tourist numbers. It's available."
- Lack of services for the elderly.
- Emergency demands of tourists on health providers and other volunteer emergency services imposes an impact.
- Lack of local maternity services is not an issue.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

All groups can afford health care

- People in Te Anau believe health care is affordable and no more expensive than elsewhere.
- Transport, medicines and specialists increase these costs.
- Most can afford it but there will always be some who struggle and those will get care anyway, regardless of circumstances.
  "Charges are not unreasonable but GPs often work harder than in urban practices."
  "Health care strains the budget but is not unreasonable."
  "Some people may think health care is expensive but so is life."

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

All types of healthcare are available and work together

- The community responses indicate that services are well co-ordinated with local integration.
- Access is available to what is needed and it is unrealistic to expect everything at hand.
- Health professionals believe that everyone tries to provide cohesive care but acknowledge there is always room for improvement.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

QUALITY

The facilities, the way people work and community contribution encourages the development and maintaining of high quality services

- A synopsis of responses indicates that there are no issues with the way people work or the standard of services provided.
- The facilities are inadequate, often difficult to work in and there is no mortuary**.**
  "The practice received awards for the friendliest retailer even though the team is dysfunctional, the facilities badly needing an upgrade and the equipment basic."
- The community is divided over what is required in a new facility. All agree there is room for improvement and that trauma facilities need to be improved but some, including health professionals, can not agree on the size and extent of facilities needed to service the community both now and in the future..
  "The community will get a new facility and there will be no-one to staff it."
  "Rural communities don't expect top facilities but they don't want to lose what they have."

There is obvious anger from supporters of the development that they have fund-raised the bulk of the money required and that the DHB or Government will not meet the shortfall.

❏ *How confident is the writer that these views reflect a community view?*

Confident ☐   *Reasonably Confident* ☑   *Not Confident* ☐

Services run well, are sustainable and can accommodate change

- Sustainability is an issue for all rural communities and Te Anau is no exception.
- Shortages of home care personnel.
- Expectations of tourists placing demands on services.
- Sub-standard working conditions are an issue raised.
- There is agreement that community needs are identified and become community driven and that services are better than for many rural areas.

❏ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Services, design and delivery contribute to the life of the community 'i.e. the service is not an addition to the community but embedded in it'.

- People don't want to lose what they have and believe that if health services were to go some sectors of the community may also leave.
- Health services help with the quality of community life.
- *"The scooter brigade have become community watchdogs."* Spoken in relation to a group of older residents who use mobility scooters and who make it their 'mission' to report community problems to the Council or other appropriate people.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Additional comments reflecting local community/rural issues

"We used to be a young, mobile population now people are staying."

"Statistics show a 60% increase in elderly residents between 1987 and 1996."

"There is nothing for the elderly."

"Stability comes with the practice nurses. People need to realise that GPs are not 10 feet tall and bullet proof."

"Nurses are under-utilised therefore there is a decrease in job satisfaction. Nurses are not challenged in their positions."

"Rural GPs should have financial reimbursement for being on-call. It would make the job more tenable and help with retention."

"Rural GPs should band together. DHBs have no part in determining/controlling primary health care funds."

"A suitably qualified registered nurse should be based at Milford. It would make life easier.

"Our District Nurse works way above and beyond the call of duty."

"Tourist companies should provide funding for a nurse at Milford Sound particularly during the season. A levy on tourists would help cover emergency medical and search and rescue costs."

"Alcohol and drugs are a problem with the young. They have the income to support their habit".

"There is no mortuary/viewing room which is particularly difficult if there is a sudden death."

"A glaring gap has been identified in the community's ability to cope with a disaster of any magnitude."

"Winter can lead to 'cabin fever'. People are weather dependent for incomes. Misty fog can descend and last for 6 weeks, it affects everyone – fishers, tourism, school kids."

SUMMARY FOR TE ANAU

The tool provided an overview of health services and issues affecting the community.

- The most dominant concerns relate to ongoing care of the elderly, lack of a rest home and pensioner cottages.

- The need for new health centre facilities.

- The impact of tourism affecting access to services for locals and the associated cost to the health system by tourists.

- The Fiordland Health Property Trust has raised almost two million dollars to provide a new, purpose-built medical centre, for their area. It is designed to include facilities for medical treatment; emergency treatment area with ambulance bay; patient-holding and observation rooms; consulting rooms for psychotherapy and visiting specialists; facilities for dental, mental health, social services, community services, teleconferencing, holistic health services and ambulance services. A shortfall of $400,000.00 remains and those involved with the Trust feel strongly that there should be DHB and Government input to meet this shortfall given that this community is furthest from secondary and tertiary services than any other town in New Zealand. (Fiordland Health Property Trust, 2002)

- While acknowledging that the current building is outdated, cramped, without adequate trauma/stabilising facilities and that the nurses operate from a cramped staff room, other respondents consider that present plans will see an under-utilised, 'grandiose' building, not warranted for their area.

- GPs do not want any overnight beds and consider this would detract from the Practice.

- The Health Trust believes they (the Trust) need to be cognisant of anticipated future growth, both in resident numbers and tourism numbers.

- A recent bus fire in the Homer Tunnel involving 32 tourist passengers was uppermost in many peoples' minds and highlighted a lack of local facilities to cope with a disaster of any magnitude.

- The elderly want to stay in their own homes with ongoing support services, if required, whilst other members of the community are concerned about lack of elder care. While they currently live in a young community, people are now staying and want/expect to stay for their elder years. Therefore they will need to be able to meet the requirements of these residents in the future. The District Council has provided land for a rest home/pensioner cottages but no provider has come forward.

- As for Akaroa, the same concerns relating to home carers, of remuneration and retention is an issue for this community.

- Distances being travelled and the time involved for volunteer emergency service personnel are seen to be impacting on the livelihood of businesses and individuals.
  "Many volunteers run their own businesses and they can't afford to go. They need summer income to sustain them through winter."
  "Employers are subsidising the emergency service at times."

- Some years ago the decision was made not to provide maternity services locally. There are no concerns expressed about this community driven agreement.

QUANTITATIVE EVALUATION

Converting qualitative study into a semi-quantitative summary is inevitably open to criticism. Nevertheless, an attempt is made for each community to aid comparisons over time concerning the general state of the services. Numerical summaries may have their greatest contribution when aggregated for analysis with scores from other communities. In this way they may contribute to regional and national pictures of the changes in rural health services difficult to achieve when faced with the complexity of differing qualitative data. It is of course complementary to the qualitative details which the numbers on their own obscure.

The quantitative summary for Te Anau follows.

TE ANAU

EQUITY	yes	mostly	partly	no	COMMENTS	
1. Each group gets its fair share of healthcare		✔			Reflect concerns about services for elderly	2
2. Each group is able to help decide on health services		✔			Decisions made by, e.g., DHB outside community control	2
3. The services focus on the disadvantaged	✔					3
					TOTAL	**7/9**

APPROPRIATENESS	yes	mostly	partly	no	COMMENTS	
1. An effective framework exists for overall wellbeing according to individual's cultural belief	✔					3
2. Local services, effective referral and teamwork enable each person to get the care they need when they need it	✔					3
3. Nurses, doctors and others are qualified to do what they do, i.e. a broad range of good skills	✔					3
4. Equipment and facilities are up to date			✔		Inadequate for community needs	1
5. Whanau/families are helped to care for their people		✔			Lack of resources for home care	2
6. New community health problems are acted on		✔			Shortage of resources	2
					TOTAL	**14/18**

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ACCESSIBILITY	yes	mostly	partly	no	COMMENTS	
1. All groups can reach care when they need it		✔			Travel costs for services out of area	2
2. All groups can afford health care	✔					3
3. All types of health care are available and work together	✔					3
					TOTAL	**8/9**

QUALITY	yes	mostly	partly	no	COMMENTS	
1. The facilities, the way people work and community contribution encourage the development and maintaining of high quality services		✔			Improvement in facilities wanted	2
2. Services run well, are sustainable and can accommodate change			✔		?Sustainability of practitioners, remuneration of home care workers, demands of tourists	1
3. Services, design and delivery contribute to the life of the community, i.e. the service is not an addition to the community but is embedded in it	✔					3
					TOTAL	**6/9**

MURUPARA

The Town is nestled between the boundary of the Kaingaroa Forest, Te Urewera National Park and Whirinaki, in the hinterland of the East Coast region of the North Island. It is the main service centre for forestry workers and their families (Wises Publications Ltd., 2000). Murupara is high on the deprivation scale but low on the rural ranking scale due to its close proximity to Rotorua, 40 minutes on a sealed highway. There are four marae in Murupara where the hapu have amalgamated as one Runanganui, Te Ika Whenua (Network Murupara Information Directory, 2002-2003) Two areas making up the community. The town and its associated outlying communities feature a lack of self-empowerment and to some extent self-responsibility, with low decile/high deprivation and very young mothers. Elders who are well attuned to the needs of their mokopuna don't know how to change things. Galatea is a fertile plains area where, primarily, pakeha dairy farmers and their families live. There does not seem to be any envy or animosity from the rest of the population to this obviously more affluent area.

➢ The usual resident population of Murupara has shown a decline of 11.2% to 1959. There are 746 < 15 year olds, 106 > 65 years, 1710 Maori and 315 residents earning > $30000.00 /year. There are 78 businesses (Statistics New Zealand).

Murupara has over 500 unemployed, involving almost every family within the town and in the more remote communities.

Identified Primary Healthcare Services

Health services are provided from the Health Centre, The Community Health and Disabilities Services (CHADS) and Te Ika Whenua Hauora (Hauora).

- The health centre has three GPs (a married couple living locally and one other who lives in Rotorua), one full time and two part-time practice nurses.
- The Practice regularly supports trainee Registrars.
- Call for GPs is 1:3.
- CHADS has a registered nurse co-ordinator of services,
- two public health nurses (for 0-5 year olds),
- one public health nurse (for 5-18 year olds),
- one part-time midwife,
- one part-time district nurse;
- psychiatrist (monthly).
- psychologist (twice monthly).
- visiting alcohol and drug counsellor.
- ear caravan.
- eye testing.
- continence services for children and adults.
- heart, diabetes and asthma educators.
- domicilliary oxygen services.

Funding for mainstream providers and services comes from Whakatane (Pacific Health) whilst most specialist, outpatient and secondary care is accessed from Rotorua (Lakeland District Health)

- The hauora has a GP from Rotorua visiting one day/week.
- Mental health needs assessment and co-ordination services.
- Tipu Ora Well Child services.
- A part-time midwife, who is shared with CHADS.
- Services for the elderly.

Under the umbrella of the hauora:

- Te Kotahitanga provides miri miri (Maori massage), Auahi Kore and advocacy.
- Natural Maori medicines are provided by a group at a settlement outside the Murupara town area.
- Te Awhina Support Services, a voluntary organisation, assists with services for the elderly, living skills and parenting programmes for families and young people.

The hauora has a contract with Te Potare, via the Health Funding Authority/Ministry of Health, to provide complementary services with mainstream medical providers.

Choosing Participants in Murupara

Following discussions with a fellow nurse in Murupara it was felt that this could be the most difficult of the three communities to obtain responses. However, once in the community, not only were the residents and health providers willing to be involved but they were making approaches to the researcher.

Using the Tool in Murupara

A different method was needed in *Murupara.* Maori prefer to korero (talk face to face) and are interested as much in the interviewer's experience as in relating their own. The culture of this community is very different from the previous two. Rather than making appointments or pre-arranged contact one goes to the door of the group or individual where an invitation is offered to discuss the issues. The written tool will not be filled in, as this is not their way, but conversations flow freely and all areas in the tool will be covered.

It is a true sharing of information and a wonderful way to determine what services they have, where the gaps are and whether concerns are the individuals or those of the wider community. Their lives are less structured, less compounded by time constraints, consequently in most instances interviews were considerably longer, and even though it was only ten days before Christmas, the tool was discussed with more people in this community than the others visited .

RESPONSES FOR MURUPARA

Equity

Each group gets its fair share of healthcare

- Although the community is disadvantaged socio-economically, people believe they have good coverage of health services in Murupara.
- There are opportunities for people to obtain care from mainstream providers or the hauora.
  "Everything is available for everyone."
  "Plenty of help available. I like coming to the health ladies."
  "I have only praise for the health services. Everyone plays a part."
  "Excellent care for the elderly, very good services."
- It is agreed that care is available and encouraged, that there are many options and services available but personal choice is a part of accepting help.
- Additional services are available for mental health issues and for the young.
- Outreach clinics are taken to more remote communities.
- Maternity services are accessed in Rotorua but this is not seen as an issue. The community decided in 1991 to only retain facilities for emergency birthing in the area.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Each group is able to help decide on health services

- With the hauora, health centre and CHADS providing complementary services the community is determining its own needs and health service design.
- Generally it appears that services develop according to need, but decisions are still made by service or funding providers.
- Community clinics are flexible and responsive.
  " Clinics are not held on benefit day; not held on a Friday because everyone goes to town; not held on a Monday because it is part of the weekend and not held if there is a tangi or something else on at the marae. This gives empowerment and choices for people to choose a date and time. Attendance compliance improves."
  "Community nurses are orientated to community needs and wants. We have an open door policy, if we're here and someone comes without an appointment we will always see them."
- A hui is being arranged to help determine where Murupara services fit into the proposed Primary Health Organisation (PHO) system. The hauora will lead this 'consultation'.

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

The services focus on the disadvantaged

- The community is deprived and disadvantaged as a whole.
- The community believes services meet all their needs and the disadvantaged are better served than some other rural areas.
- There are high incidences of teenage pregnancy, associated sexually transmitted diseases; smoking and drug use. These are some of the social problems facing the area.
- Mainstream medicine, proactively, holds clinics at the local college and the hauora takes sexual health and sexuality courses into the schools.
- There is a dedicated public health nurse for 5-18 year olds.
- Te Awhina Support services run and facilitate parenting courses, sometimes taking tutors to the home.
- The police work with young people by helping to set-up and run a youth group and youth centre, and a local radio station, where information is provided.
  "The hauora wants to stop being the ambulance at the bottom of the cliff and is implementing programmes, trying to be proactive rather than reactive."
- Health services have yet to be implemented to provide 'targeted' anti-smoking/drugs programmes but all health providers, kaumatua and staff involved with the hauora are non-smoking role models.
- Time and resources may enable mainstream providers an opportunity to implement appropriate programmes.

❏ *How confident is the writer that these views reflect a community view?*

Confident [√]   *Reasonably Confident* [ ]   *Not Confident* [ ]

APPROPRIATE

An effective framework exists for overall well being according to an individual's cultural belief

- Respondents involved in health provision agree that there is a framework apparent within the health services team, gaps are plugged and culturally appropriate care is provided across the disciplines.
- Public health/district nursing, midwifery/maternity care, well child, diabetes education, home care services, mental health services, palliative care and support services are well integrated.
- Hauora and mainstream medicine are complementary. There is an overlap of some services but this provides options.
  "We are not working with opposing options. Most people use both services."
  "With a high Maori population the services are adaptable, work within the needs of the community as best as possible."
  "There are many resources in place and although they are accessible and designed by the community they are not always accessed."

"I would like to see young women avoiding pregnancy but at present there is a mind set that babies give financial income. It will take time to break the cycle. On the positive there is good vaccination compliance."

❑ *How confident is the writer that these views reflect a community view?*

Confident √   *Reasonably Confident* ☐   *Not Confident* ☐

Local services, effective referral and teamwork enable each person to get the care they need when they need it

- Patients have to go to Rotorua for most specialist visits, secondary and tertiary care, and to Whakatane for minor treatments. This is not perceived as a problem or gap in services.
- Funding for these services creates an anomaly. Primarily funding comes from Whakatane but services are accessed in Rotorua, two separate DHB areas. Whakatane is Pacific Health DHB and Rotorua is Lakeland DHB.
- Mental health has excellent services in Murupara with a visiting Psychiatrist and psychologists for youth and adults on a weekly and as needed basis.
- Educators always prompt patients to remember to obtain all their needs/medication at the time of visiting, encouraging flexibility and self-responsibility.
- Diabetics have good follow up services.
- Conventional and hauora services are complimentary and there is an opportunity for complimentary Maori medicines and treatments such as miri miri (Maori massage).
- Health professionals' comments included –
  "Sometimes follow up screenings are difficult. We need more time and resources but things could be a lot worse."
  "We have difficulties getting locums."
  "Conventional/DHB and Hauora services are not yet truly working together but links are being forged."
  "Previously there was a split in the GP practice. The issues have been resolved and we now have an effective, proactive team."

❑ *How confident is the writer that these views reflect a community view?*

Confident √   *Reasonably Confident* ☐   *Not Confident* ☐

Nurses, Doctors and others are qualified to do what they do 'i.e. a broad range of good skills'

- The community did not question the abilities of staff.
  "Doctors and nurses can turn their hands to anything."
- There are three PRIME trained nurses but they are not able to use their skills. The ambulance service would like the additional support but funding options did not eventuate. There may be an opportunity to revisit the use of nurses in sharing call/helping cover after-hours services.

- Nurses do not hold clinics and feel that their roles are strictly supportive.
  "The practice supports the GP registrar programme and is a teaching practice."
  "Staff /health professionals have a broad range of skills which are complimentary."

❏ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Equipment and facilities are up to date

- There are few concerns with the facilities or the equipment available. The respondents feel they are adequate for the community's needs.
  "In country areas you don't expect all the equipment and facilities of a city practice, it's pretty good here."
  "The CHADS building is an older facility but it suits its purpose well."
- There is a volunteer ambulance service and helicopter available although it was deemed to often be faster to travel by road, depending on location.
  "We can always do with better resources. Our primary ambulance officer is 72 so the service may be fragile in its sustainability."

❏ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Whanau/families are helped to care for their people

- Definitely perceived as being supported by local health providers and community services. Te Awhina Support Services provide volunteer help. There are many support groups and social workers in schools.
- Personal care tends to be provided by whanau, gently guiding to help their elderly.
- Home help can be provided as required.
  "Home help and home care is very good, a wonderful service, but they need to allow whanau to be paid. If whanau care for their own they can not be paid. If they register as home carers they still can not look after their own."
  "Some home help is very good. Some is perhaps questionable. One seemed to be a very good worker until I saw her wearing my clothes down the street!" (An elderly Dame, knighted for her services to the community related this story.)
- Maori elders discussed their concerns for their young people and their attitude of wanting a hand out, not a hand up.
  "I worry about young whanau, they don't want to help themselves. Can't make them do things today. Just hope they watch and learn."
- If whanau go to Rotorua, for out patient appointments or in-patient services, the whole family goes to care for the person and doesn't return to Murupara until the patient does.

❏ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

New community health problems are acted on

- Murupara is a very proactive community. Currently there is an outbreak of TB in Turangi. The Murupara public health nurses are helping with mantoux testing.
- Previously there had been a meningitis outbreak. There was an intensive campaign, a concerted effort by all health providers, community, hauora and hapu. Every house was 'door-knocked' by hauora staff while community health services provided antibiotics for every person. This campaign was well documented and provided excellent data for the Ministry of Health. All people were re-tested after three months and no one died.
One difficulty staff faced was the perception that the antibiotics would provide lifetime immunity as if people had been given a vaccine. One positive outcome has been the excellent compliance with children's vaccinations.
- There was a youth suicide earlier in the year so the hauora have implemented programmes in schools to address the issue.

❑ *How confident is the writer that these views reflect a community view?*

Confident √   *Reasonably Confident* ☐   *Not Confident* ☐

ACCESSIBILITY

All groups can reach care when they need it

- There are many co-ordinators of services to ensure everyone can get care when they need it.
- Some service providers work for both hauora and mainstream providers.
- Options are available but some choose not to access care when they should. Self-responsibility is being encouraged.
- 24-hour care is provided by mainstream GPs. The hauora has a GP from Rotorua ½ day per week who does not provide an on-call service. Most people use both services.
  "It's easy to get care in Murupara. It might be more difficult further out but emergency services do go. GPs hold clinics out at Minginui and Ruatahuna."
- The current GP has been providing 24-hour cover for 6 weeks on his own while his partners are away. His response epitomises rural care.
  "The community is supportive and don't call after hours very often. I love the work, the challenge and the community."
- Volunteer ambulance personnel provide emergency services. A helicopter is available from Rotorua.
  "There are almost no road accidents. Visitors using the water for rafting and fishing, not being aware of water conditions or knowledge of water safety, are more at risk. Hypothermia, near-drowning and drowning are more likely to be our emergency calls."
- Tipu Ora provides well child services through the hauora.
- An indestructible emergency phone is on the outside wall of the CHADS building. After hours it is diverted to the nurse co-ordinator's home phone because many people can not afford a telephone. (However there are numerous 'sky' dishes on the houses).

- Forestry accidents are cared for by their own staff and because of stringent occupational safety and health (OSH) regulations these are rare.
- Specialist/secondary/tertiary care is accessed in Rotorua because i) it is closer than Whakatane and ii) because that is where whanau are.

❑ *How confident is the writer that these views reflect a community view?*

Confident   √   *Reasonably Confident*   ☐   *Not Confident*   ☐

All groups can afford health care

- All services through CHADS are free. All can receive care.
  "Health care is always available regardless of whether people can afford it."
  "Much care is free and all is affordable but again choice is involved."
- Many have no phone and/or no car (or it is not roadworthy) but the community has a bus and Te Awhina Social Services and Hauora both have vans for community transport to health services.
- The hauora has services at minimal cost but people use both mainstream and hauora services.

❑ *How confident is the writer that these views reflect a community view?*

Confident   √   *Reasonably Confident*   ☐   *Not Confident*   ☐

All types of healthcare are available and work together

- The community believes that services are well integrated with most types of healthcare available, even a mastectomy prosthesis service.
- Domicilliary oxygen and occupational therapy (OT) and physio equipment hire are also available.
- Many support groups provide additional services.
- A group is practicing with natural Maori medicines and health professionals are learning about these because evidence has shown that they work.
- Things have taken time to come together but the hauora and mainstream medical providers are starting to talk.
  "The hauora are enjoying the new liaison and sharing of information with 'Debbie', the public health nurse who made approaches about the trial of a tool. These initial discussions opened doors to the sharing of knowledge. Korero (talking face to face) is our way to bring about a closer relationship. We realise that hauora services are complementary to mainstream medicine and would like to work closer and network more."
- Staff have support/backup/check-in protocols for safety reasons particularly when visiting or going into some tribal areas.

❑ *How confident is the writer that these views reflect a community view?*

Confident   √   *Reasonably Confident*   ☐   *Not Confident*   ☐

QUALITY

The facilities, the way people work and community contribution encourages the development and maintaining of high quality services

- There were only superlatives such as "awesome", "excellent" and "absolutely wonderful", from lay respondents, for the quality of their services.
- Health professionals responded with acceptance.
  "Things may be seen as unconventional methods of coping but they are successful ".
  "We can always do with better resources and services but given where we are its not too bad."
  "We're well served but someone from a city wouldn't think so."

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑   *Reasonably Confident* ☐   *Not Confident* ☐

Services run well, are sustainable and can accommodate change

- The hauora started in 1985 and has just completed and gained ISO accreditation. They have developed policies, and compliance requirements are now being met. This has led to changing attitudes and an acceptance of paperwork and systems, which were needed to successfully contract to provide services.
  "There were difficulties adapting to the bureaucracy but now everyone is accepting of its importance".
- They say they are moving slowly forward in the new environment and want to be proactive rather than reactive.
- Now that policies are in place they will be able to concentrate on providing services, networking and determining actual needs and wants of, and for, their community.
- Services are coming together with patience, understanding and time.
  "The hauora intends implementing holistic, complimentary health care including natural medicines and mainstream medicine. Miri miri is well supported and clients are referred from the hauora. It will never replace mainstream physiotherapy treatments but can work alongside."
- The community noted that they needed to look after their GPs and were aware of 'burnout' risks, particularly as one doctor had been covering for six weeks alone.
- They also believe that things change to suit the community and tend to be community driven.
- One nurse said *"I arrived in 1970 for three weeks when there were eight maternity beds and I'm still here! In 1991 it was changed to an emergency birthing unit and offices for mainstream primary services, excluding GPs and practice nurses."*

  "Services run well but some bureaucrats have expectations which are inappropriate for depressed rural areas. They want a wound care audit to be done!"
- The general practice had an enrolled population of 3350 but is not ranked high enough on the rural ranking scale to qualify for additional assistance because the community is only 40 minutes from Rotorua.

"We have great difficulty in getting locums but who would want to come to Murupara. It's not the most appealing of areas for a locum."
"Outreach services are accessible and provided if and when required. The practice works with, but apart from, the CHADS. Perhaps there is room for more interdisciplinary teamwork. Sometimes we're all too busy dealing with ill health to implement health promotion programmes."

❑ *How confident is the writer that these views reflect a community view?*

Confident ☑️   *Reasonably Confident* ☐   *Not Confident* ☐

Services, design and delivery contribute to the life of the community 'i.e. the service is not an addition to the community but embedded in it'.

▪ Everyone agreed that the local services contribute and are definitely part of the community.

There were no additional comments reflecting local community/rural issues

SUMMARY FOR MURUPARA

▪ The tool was used to facilitate open conversation with the community of Murupara who opened their hearts, shared their knowledge, their experiences and their homes talking about their health services with pride, enthusiasm and praise.

▪ There are few gaps identified or issues raised by health professionals or lay respondents.

▪ Maori elders are frustrated by the attitude of their young but do not interfere, just worry as any parent does. They do not support their handout, not hand-up, attitude but acknowledge socio-economic factors as having some impact on their health. They will continue to provide support services that prop-up rather than develop self-empowerment.

▪ The hauora staff are willing to forge links with mainstream providers and are interested in providing complimentary rather than opposing health services.

▪ Through the hauora there is an apparent eagerness to implement early intervention programmes rather than health services always being the ambulance at the bottom of the cliff.

▪ The community is more deprived than many we have been involved with and yet is far more positive and accepting of what they have and less critical of what they have not than any other we have knowledge of.

▪ Health professionals undertake much of their work for the love of the 'job', giving many hours without remuneration. Rightly (or wrongly) this is the epitome of dedicated, rural, health professionals in its truest form.

- All residents hold mainstream health professionals, of whatever ethnic origin, in the highest regard. Everyone is known by his or her first name, doctors are prefaced by Dr. -- (Christian name) and are spoken of with reverence.

- The many schools in the wider area welcome health services on their grounds. Recently new principals have been appointed to both the College and primary school with a marked turn-around in scholastic achievements, behaviour and health of all students.

- Numerous support services are available in the town

- Monthly network meetings are trying to address some of the social and economic factors that affect the population. These groups are encouraging a "bottom-up" approach to try to improve the health and welfare of their own community.

- People seem genuinely interested in ways of helping themselves to improve the health and welfare of their own residents.

- The options for involvement in/belonging to any one PHO have to be resolved. If mainstream providers go with a proposed Rotorua GPs group (RGPG) there will be the 'numbers of enrolled patients' to make it a viable option. However they will be compromising their patients, their rurality and their special needs. If they choose to go with Te Kaha, a Maori group with which their patients identify, the small population base of fewer than 10,000 poses questions about the viability and sustainability of the group in the long-term.

- I am confident that this community is aware of the issues that require attention, such as high teenage pregnancy and STD rates and the need for drug and smoking cessation programmes. Given the resilience of this community, time and the required resources they will eventually be able to address these problems.

QUANTITATIVE EVALUATION

Converting qualitative study into a semi-quantitative summary is inevitably open to criticism. Nevertheless, an attempt is made for each community to aid comparisons over time concerning the general state of the services. Numerical summaries may have their greatest contribution when aggregated for analysis with scores from other communities. In this way they may contribute to regional and national pictures of the changes in rural health services difficult to achieve when faced with the complexity of differing qualitative data. It is of course complementary to the qualitative details which the numbers on their own obscure.

The quantitative summary for Murupara follows.

MURUPARA

EQUITY	yes	mostly	partly	no	COMMENTS	
1. Each group gets its fair share of healthcare	✔					3
2. Each group is able to help decide on health services	✔					32
3. The services focus on the disadvantaged	✔					3
					TOTAL	**9/9**

APPROPRIATENESS	yes	mostly	partly	no	COMMENTS	
1. An effective framework exists for overall wellbeing according to individual's cultural belief	✔					3
2. Local services, effective referral and teamwork enable each person to get the care they need when they need it		✔			Time and resources may influence services	2
3. Nurses, doctors and others are qualified to do what they do, i.e. a broad range of good skills	✔					3
4. Equipment and facilities are up to date		✔				2
5. Whanau/families are helped to care for their people		✔			Lack of resources for home care, whanau not reimbursed	2
6. New community health problems are acted on	✔					3
					TOTAL	**15/18**

ACCESSIBILITY	yes	mostly	partly	no	COMMENTS	
1. All groups can reach care when they need it	✔					3
2. All groups can afford health care	✔				?At provider's cost	3
3. All types of health care are available and work together	✔					3
					TOTAL	**9/9**

QUALITY	yes	mostly	partly	no	COMMENTS	
1. The facilities, the way people work and community contribution encourage the development and maintaining of high quality services	✔					3
2. Services run well, are sustainable and can accommodate change			✔		Funding, rosters, may all be at practitioner's expense	1
3. Services, design and delivery contribute to the life of the community, i.e. the service is not an addition to the community but is embedded in it	✔					3
					TOTAL	**7/9**

DISCUSSION

Responses for each community were horizontally analysed across all questions in the tool, identifying common themes; issues and whether all were health related or more appropriately aligned to socio-economic circumstances.

The challenge was to see whether the tool elicited answers that would allow the community to effectively participate in the design and delivery of their health services.
In an attempt to limit bias, sampling was taken from a cross-section of people from each community covering age, sex, ethnicity; those involved in the delivery of health services, health related organisations and those whose only involvement had been as a client or resident. Even so validity was limited by the time available to interview many representatives from each sector in the communities.

Compilation of interviews giving individual perspectives provided an overview of each community's current health services and gaps in services.
Notes were written immediately following each interview to ensure aspects of interpretation and dynamics were recorded for future reference.

Using this process it has been reasonably possible to gain a clearly structured impression of the equity, affordability, accessibility and quality of services currently available for these three communities

The analysis of responses has shown that the tool is a usable document reflecting community views. Each group of respondents has identified issues in some areas of health provision and/or health services that need addressing.

The extent of the measurement of the four key factors: equity, appropriate, accessibility and quality was achieved by collating response options as *'completely' (3), ' mostly' (2), 'partly' (1) and 'inadequate' (0).*

Taking into account the limitations of the sampling size, the time spent in each community and the way in which it was used the tool:

- Provided sufficient information about current health services, gaps in services and delivery to draw conclusions to help with health planning for each community;
- Was responsive across the spectrum of questions asked which enabled an impression to be gained of all the elements of the health services provided for each area;
- Identified that sustainability was reflected in funding and support for services from national and local sources.

Although the tool may effectively evaluate the equitability, affordability, accessibility and quality of primary health services in rural communities at a point in time, it is meaningless unless the services are clearly sustainable.

REFLECTING ON THE THREE COMMUNITIES

Given the short time frame of the visits to each area, limited numbers of interviews conducted and the busy time of year when each community was approached; the tool provided enough information about current health services and the identification of issues within the areas to gain a structured impression of primary healthcare in Akaroa, Te Anau and Murupara. Not having preconceived ideas or knowledge of a community was an advantage in hearing what respondents had to say. Individual interviews did evoke personal experiences, nonetheless all were relevant to ascertaining an overview of each communities circumstances.

AKAROA

Akaroa is a community that is close to a large tertiary facility and is better served than many rural areas of similar size and rurality. The changing nature of the resident population may influence demands on services as retirees seek services that they previously accessed in the city. Provided that the rural locum scheme and efforts to address rural retention issues continue, the GP services will remain sustainable for the area.

In Akaroa community issues focused on the lack of knowledge about all the health services available limiting possible choices for residents particularly those more rurally isolated.
A residents' health committee may be an appropriate organisation to disseminate this information to the wider community. The same group might be able to discuss the issues surrounding on-referral by health providers raised by two respondents under the '*appropriate*' factor. By focusing their attention on the dilemmas often faced by health professionals such as the practicalities of taking time to determine whether conditions will resolve spontaneously, implications for the patient in relation to health and financial cost, and the unnecessary burdening of secondary/tertiary services, concerns may be addressed. The impending closure of the rest home and the possible effects long term for the community will require time and community decision making before the problem is resolved.

TE ANAU

Te Anau is a young community, individualistic rather than acting with a cohesive voice, with divergent views about the gaps within their health services. Its rurality is marked by the distance to secondary and tertiary services and the huge geographic area covered. There are strains placed on health providers, and health and emergency services which is in no small part contributed to by the large number of tourists coming, by coaches and cars to (and passing through) the town, to access walking tracks and visit Milford Sound.

Identified issues for Te Anau centred on the lack of services currently available for the elderly and the differing views of members of the Health Trust, wider community and health professionals about the upgrade of the health centre facilities. Given the recent bus fire in the Homer Tunnel highlighting the lack of services available to cope with a disaster of any magnitude, determining future facilities both for the provision of health services and care of the elderly may require further community input before decisions are implemented.

The impact of tourists on both the provision of local health services and costs to national health funding might be more appropriately addressed by tourism operators at a national or Government level. There is, on average, one car crash/week involving tourists on the Milford Road and with no health personnel based at Milford Sound it may be time for tourist operators to work together to address this anomaly. Employment of a suitably qualified registered nurse may enable initial care to be provided until emergency services arrive from Te Anau, over two hours away. With up to forty tourist coaches travelling from Te Anau to Milford Sound daily over the October-April season it might be in tourism's interest to have some primary healthcare service available at Milford Sound.

MURUPARA

Visiting Murupara was a truly rewarding experience, humbling, and a realisation that in the sanctity of a 'middle class' background our needs are really our wants. The wants of the Murupara community are the basic needs for quality services and yet they provide optimum, holistic caring of a community moving from deprivation to normality. Services are provided to meet their needs, already a community driven approach. 'If the mountain won't come to Mohamed, Mohamed goes to the mountain.

Murupara's health problems, particularly those related to young people and the resources required to implement positive health programmes to address smoking and drug use, are directly related to the socio-economic circumstances of the area. This will require continued input from Government social agencies before the implementation of proactive programmes may have a positive impact on individual and family health.

All three communities raised concerns about retention and remuneration for home care workers.

Some rural areas are more scenically attractive than others and health professionals may trade-off some of the added difficulties of practice for the lifestyle and the autonomy offered. In others there has to be passion/compassion for the community and challenges for the practitioners who might otherwise not stay. Akaroa and Te Anau fit the first area, Murupara the second.

CONCLUSIONS

USING THE TOOL

The trial of a tool to facilitate community participation in the design and delivery of health services in rural communities provided a unique opportunity to gain an understanding of current health services, residents' knowledge of health options, identification of perceived gaps and the expectations of health provision for each community.

Use of the tool allows a structured questionnaire, used as a guide for discussion, to be taken into communities to gain the participation of all stakeholders. The tool is flexible enough to afford the interviewer room to probe for further details and individual understanding during one to one interviews.

The communities of Akaroa and Te Anau were receptive to using the tick-box format of the tool as a stimulus for gaining an impression of an individual's knowledge and concerns about primary healthcare provision in their community. Murupara respondents preferred to korero (talk) while the interviewer encouraged discussion centred on the questions contained in the tool.

RELEVANCE OF THE TOOL

As suggested by Litchfield in phase two of the project the tool has the potential to act as a catalyst for equal participation and dialogue amongst all key stakeholders in a community to reflect, evaluate and respond to local healthcare needs.

Information obtained from the interviews was comparable for each community providing information about and the attributes of primary healthcare services for their community.

Where there were variances in responses, particularly relating to gaps/needs, the interviewer has indicated a *"reasonably confident"* measurement reflecting that community's view. A larger sampling of stakeholders may provide a more definitive indicator of the wider community's interpretation of these concerns.

EFFECTIVENESS OF THE TOOL

There are no limitations in the tool's applicability. It is able to be adapted to a community's preference/way of responding to interviews.

Health professionals and community residents responded similarly although those involved in service delivery had issues surrounding retention, locum support, and the availability of resources which the communities were generally unaware of.

There was a willingness and capacity for involvement and participation from all the communities in the trial. Health professionals openly and freely discussed areas of concern

Validation of the modified tool has been measured by respondents indicating their '*comfort*' with all the questions. Even if they were unable to comment personally on one or more components of a section they remained '*comfortable*' with the format and content of each question.

The tool, combined with one to one interviews, provides a forum for community stakeholders to express their views in a non-threatening environment where anonymity may be maintained.

It is doubtful that additional or different data might be obtained if the representative sampling of respondents is greater or the time frame for interviews different.

SUSTAINABILITY

The tool measures the situation at a particular moment in time focusing on the community's experience of their health services. A crucial question remains of sustainability of the good aspects of the services and of their continuing.

This was not achieved in the tool's application yet it is a crucial aspect of continuing access. To ensure sustainability, features of on-call rosters, adequacy of income and a supportive professional environment may require greater focus.

A positive impact of the trial is the identification of the components of current primary healthcare services and their provision in the three rural communities

Using the tool may have implications for community stakeholders and funders. In designing and implementing services provided by a community-driven primary healthcare model services will be able to be designed to meet each community's diversity.

The tool has shown the potential for a participatory process for communities regardless of individual demographics.

The tool identifies that the retention of both health services and health practitioners in rural areas is directly related to adequate funding and the consequential issues associated with lack of funding ultimately impacting on the sustainability of rural primary healthcare provision.

The challenge will be for communities to formulate actions to address their participatory decisions and for health planners and funders to value and respond to those decisions.

REPRODUCIBILITY

From the point of view of community, provider and funder stakeholders seeking to improve the environment and effectiveness of rural health services

 "Is it possible using this tool to derive sufficiently strong structured impressions about the success of services to allow a comparative re-evaluation at a later stage?"

The answer is a cautious yes.

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Appendix A

EQUITY

- **Healthcare is responsive to the circumstances of all identifiable groups of the population with particular reference to the "the special relationship between Maori and the Crown under the Treaty of Waitangi"**

  Taking into account :

  ➢ Treaty of Waitangi principles (e.g. the statement forming the foundation for the report of the Rural Expert Advisory Group to the Ministry of Health, March 2002).
  ➢ The demographics of the particular geographic area to identify the target groups within the population, where inequalities lie.
  ➢ The capacity of the health service personnel and infrastructure to respond to the diverse health needs of people: e.g. respect, understanding, approachability, acceptance, flexibility.

- **A participatory process provides for a partnership amongst key stakeholder in…**
  …designing the service, given the available resources
  …identifying the criteria for evaluation of success of healthcare provision in the area.

  Taking into account :

  ➢ Framework for governance of health services in the area that facilitates representation in participation and achieves on-going dialogue between community residents, providers and funders – "without one group being dominant".
  ➢ Trends in health and healthcare internationally; expectations of healthcare e.g. public health, primary health care, personal health, accident and emergency response.
  ➢ Principles of healthcare from the Government Health Strategy.
  ➢ DHB/PHO service specification, funding and accountabilities.

- **Healthcare is designed to improve "the health status of those currently disadvantaged"**

  Taking into account :

  ➢ The nature of the deprivation in the area (e.g.Dep96): who is 'deprived', what are the considered 'deprived' circumstances.
  ➢ The service components that address the needs of disadvantaged people of the area.
  ➢ How priorities of healthcare are identified.

APPROPRIATENESS

- **Healthcare is designed according to a coherent framework of "good health and wellbeing for all New Zealanders throughout their lives"**

Taking into account :

  ➢ Cultural perspectives of health and particular attention to Maori and Pacific Island perspectives.
  ➢ Holistic approach to health to address e.g. healthy rural lifestyle, the implications of having disease and disability for everyday living in the rural area.
  ➢ Determinants of health and disease nationally and locally.
  ➢ The range of tasks and activities to address health needs.

- **Healthcare is responsive to the range of need of persons as individuals …**
    …urgent treatment (life-threatening accidents and medical emergencies)
    …management of chronic illness and disability
    …protection of health and prevention of diseases

Taking into account :

  ➢ Accident and emergency service: integrated pathway for quickest, most efficient flow of patients to the necessary expertise, facilities and technology.
  ➢ Sources of specialist information and expertise.
  ➢ Networks linking generalist practitioners, nurses, doctors & other health workers with specialist practitioners and support personnel.
  ➢ Structure for collaboration and teamwork that "enable all providers and practitioners (to) influence the organisation's decision-making, rather than one group being dominant".
  ➢ Structure/processes/facilities that protect:
    …continuity of care
    …care by personnel who are familiar with rural life and living, and the particular locality.

- **Healthcare is provided knowledgeably and safely for best outcomes**

Taking into account :

  ➢ Range of health workers relation to tasks, their qualifications/education/training, preparatory education.
  ➢ Structures for continuing education, professional codes of conduct, ethical practice, and complaints procedures.
  ➢ Credentialling processes for advancing professional practice.
  ➢ Service quality improvement programmes (within DHB/PHO guidelines).

- **Advances in technology efficiently support and enhance healthcare provided**

  Taking into account :

  ➢ Availability/sources of up-to-date information at the practice base.
  ➢ Procedures for review and up-dating equipment and facilities.

- **Healthcare is responsive to the need for support of whanau/ families/groups to manage the care of people with non-critical and chronic illness**

  Taking into account :

  ➢ Knowledge, capabilities and responsibilities of health workers to attend to whanau/families/groups.
  ➢ Availability/sources of information on the range of health and welfare supports.
  ➢ Availability of mobile health workers linking with other health workers.

- **Healthcare projects are responsive to the changing patterns of disease within the community as a whole: health promotion/ protection from disease**

  Taking into account :

  ➢ Patterns of health problems for the area.
  ➢ Determinants of health, disease and injuries in the area.
  ➢ National public health projects.
  ➢ Structure for developing and prioritising public health programmes.

ACCESSIBILITY

- ## Healthcare is reachable by everyone when needed

Taking into account :

➢ How people get to a service or how a service gets to people, and the support required limitations of capability (aged, disabled, caregivers) and rural context e.g. transport, condition of roads, communication technology.

➢ Degree of urgency of healthcare needed e.g. emergencies & accidents, management of chronic health conditions, advice on ailments, support for management of disability and illness, prevention of illness and exacerbation, health protection.

➢ Capacity of health workers and service infrastructure to ensure people reach the right service e.g. flow of referral between mobile services to home/school/workplace, clinic/hospital base, outreach services, other sectors (housing, WINZ etc).

➢ Time of services/personnel availability.

➢ Availability of technology to maximise the reach (of patients and providers) to specialist advice, assessment and treatment.

- ## Healthcare is affordable by everyone

Taking into account :

➢ Cumulative cost to the consumer of services including e.g. consultation, treatments, support therapies, referral for specialist care.

➢ Cumulative cost to the provider and sustainability of the service.

➢ Demographics of the area including extent of deprived circumstances and welfare support.

- ## Healthcare is comprehensive and integrated

Taking into account :

➢ Availability/sources of information on the range of providers and expertise: location of health and welfare services in the region and their links (primary, secondary, tertiary health services, medical and nursing practice; podiatry, physiotherapy, occupational therapy, dentistry; traditional and complimentary therapies; pharmacy, laboratory, x-ray; service delivery in other sectors).

➢ Network structure for collaboration amongst service providers, including differentiated responsibilities of GPs and medical specialists, nursing and nursing specialists.

➢ Technology and other support for flow of advice, referral and information.

QUALITY

- **Infrastructure supports equity, appropriateness and accessibility of healthcare**

  Taking into account :

  ➢ Availability and standard of facilities, equipment, technological support.
  ➢ Strategies to promote the cooperation of providers and sharing of resources.
  ➢ Arrangements for administration and maintenance of premises that protect the time and place for professional practice.
  ➢ Workforce management, mix of skills and knowledge, retention and recruitment, locums.
  ➢ Structure for patient/client satisfaction measurement to inform quality improvement.

- **Service design and delivery are efficient, sustainable and flexible**

  Taking into account :

  ➢ Arrangements for service management, contracting processes..
  ➢ Strategies for cooperation amongst health workers for sharing of resources, peer support and linking activities: e.g. links, collocation.
  ➢ Capacity to accommodate change.

- **Service design and delivery contribute to the life of the community**

  Taking into account :

  ➢ Needs for a thriving community life (community development/social capital)
  ➢ Strategies to involve communities in governance of the service and in activities supporting the operation of the services e.g. voluntary car pool, ownership/ maintenance of the premises, development of first aid capabilities.

Appendix B

HOW DO YOU FEEL ABOUT THE FOLLOWING STATEMENTS?

Equity : fair, just
'A few groups miss out' (mostly); 'several groups under-served' (partly); ' major gaps' (no)

Each group gets its fair share of healthcare

yes	mostly	partly	no	no feelings

Each group is able to help decide on health services

yes	mostly	partly	no	no feelings

The services focus on the disadvantaged

yes	mostly	partly	no	no feelings

Appropriate : suitable, proper
'Some changes required'(mostly);'several changes required'(partly);'major changes required'(no)

An effective framework exists for overall wellbeing according to individual's cultural belief

yes	mostly	partly	no	no feelings

Local services, effective referral and teamwork enable each person to get the care they need when they need it

yes	mostly	partly	no	no feelings

Nurses, Doctors and others are qualified to do what they do ' i.e. a broad range of good skills'

yes	mostly	partly	no	no feelings

Equipment and facilities are up to date

yes	mostly	partly	no	no feelings

Whanau/families are helped to care for their people

yes	mostly	partly	no	no feelings

New community health problems are acted on

yes	mostly	partly	no	no feelings

Accessibility : reachable, attainable
'a few groups miss out'(mostly); 'several groups miss out'(partly); 'major gaps'(no)

All groups can reach care when they need it

yes	mostly	partly	no	no feelings

All groups can afford health care

yes	mostly	partly	no	no feelings

All types of healthcare are available and work together

yes	mostly	partly	no	no feelings

Quality : Excellence, satisfaction
'A few improvements needed'(mostly); 'several improvements needed'(partly); 'major improvements needed'(no)

The facilities, the way people work and community contribution encourage the development and maintaining of high quality services
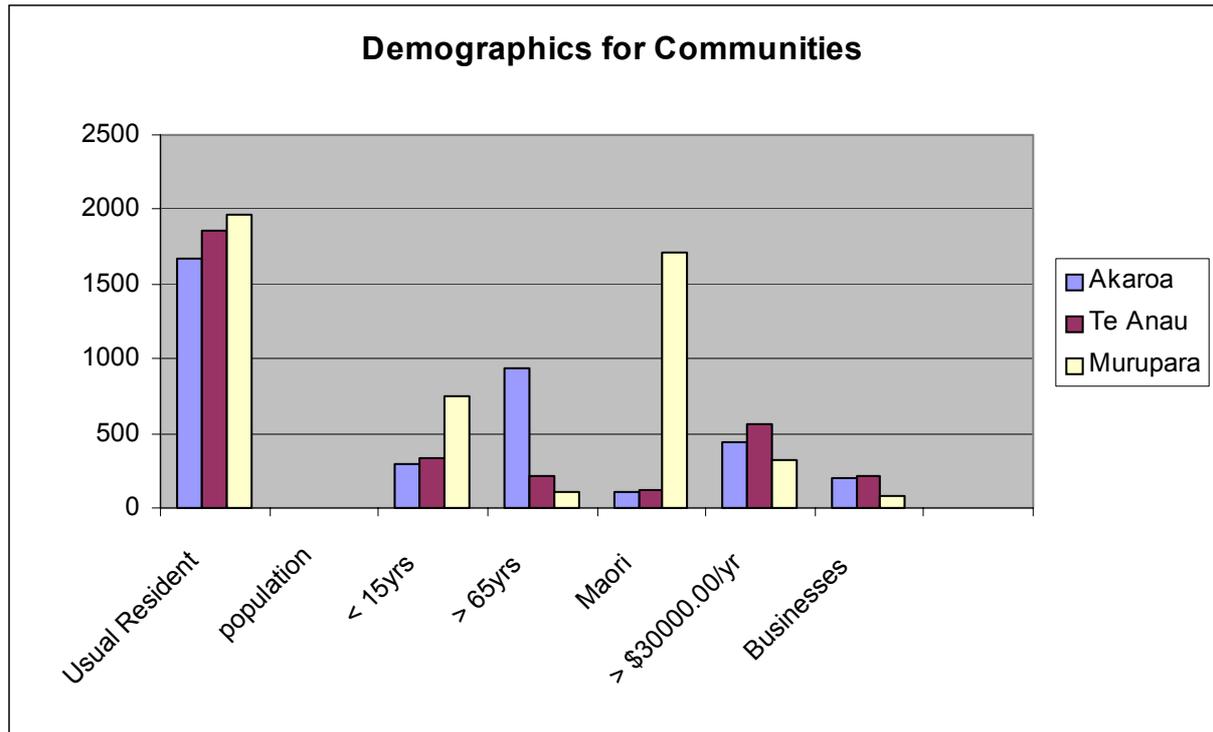
yes	mostly	partly	no	no feelings

Services run well, are sustainable and can accommodate change

yes	mostly	partly	no	no feelings

Services, design and delivery contribute to the life of the community 'i.e. the service is not an addition to the community but is embedded in it'.

yes	mostly	partly	no	no feelings

Appendix C

Demographics for Communities

6 March 2001 (Census)