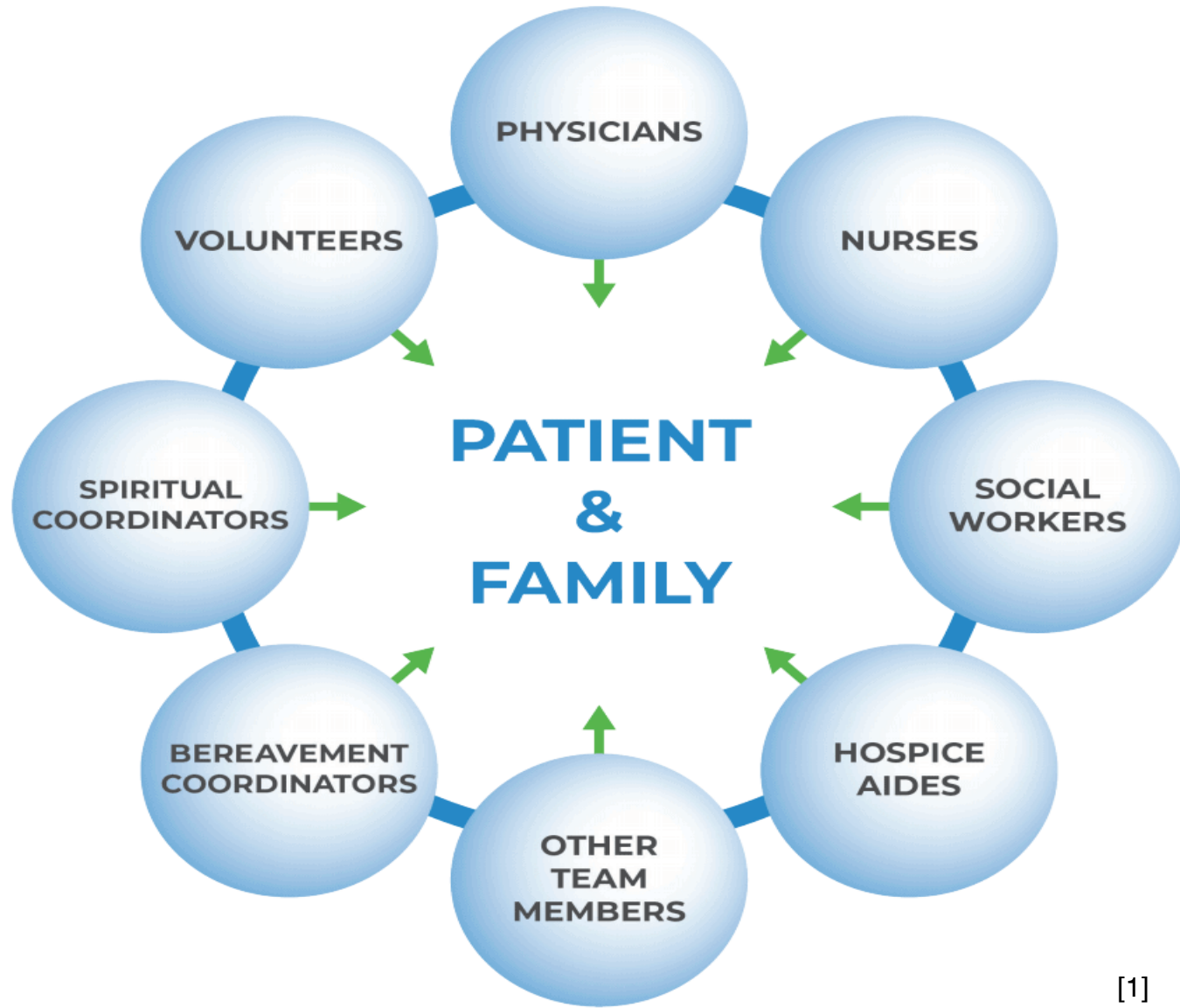

Inequities of access to healthcare services related to geographic location in rural Australia: Palliative care case study.

Shirley Papavasiliou
Professor Stephen Boyle
Doctor Mohammadreza Akbari
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College of Business, Law and Governance



Welcome

COMMUNITY PALLIATIVE CARE

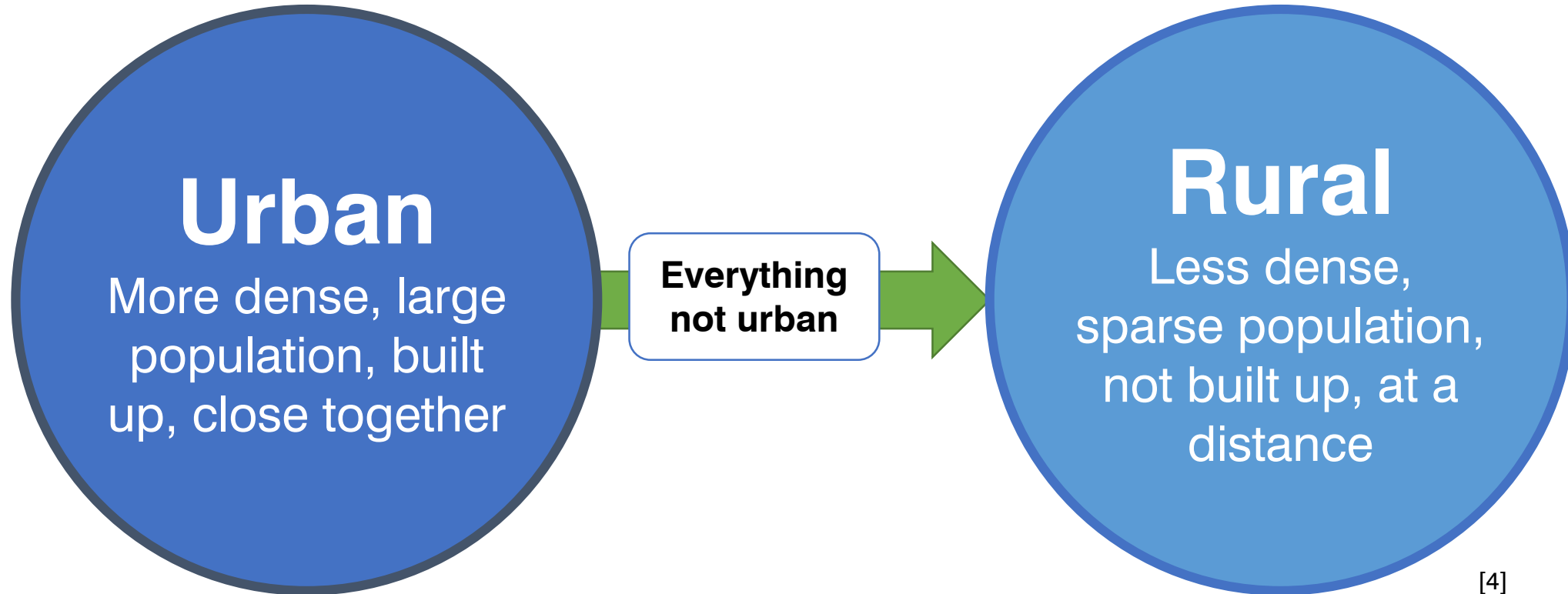


[1]

Community or home-based care provided to individuals diagnosed with a life-limiting illness and their families

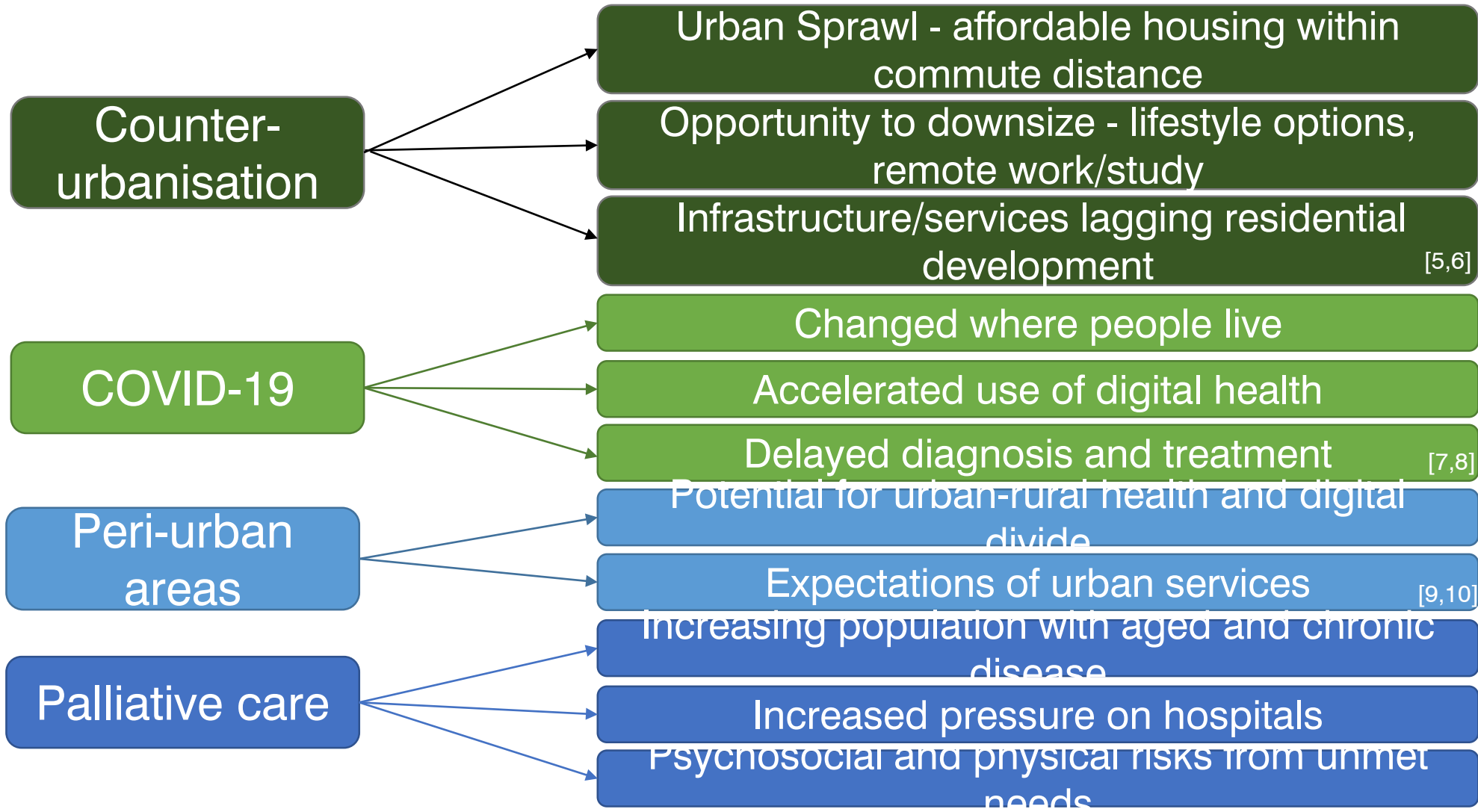
[2,3]

PERI-URBAN LOCATION



[4]

BACKGROUND



Imagine the scenario...

You have found your forever home

You receive an unexpected diagnosis

You wish to remain at home

Everyone is overwhelmed and home help is not available

Now what?





RATIONALE

Every person has the right to access the healthcare services they need, when and where they need them.

RESEARCH AIM

To understand if choice of home location in a peri-urban area influences access to community palliative care services

RESEARCH OBJECTIVE

To create recommendations to fill any identified discrepancies in policies and practices to ensure best practice in community palliative care services is maintained

RESEARCH QUESTION

How does counter-urbanisation influence community palliative care provision in peri-urban Australia?

Required knowledge:

- Clear definition of peri-urban location
- Classification of peri-urban location used in community health service planning
- Effective modes of service delivery in peri-urban locations
- Key influences of access
- Community expectations to aid planning and allocation of resources

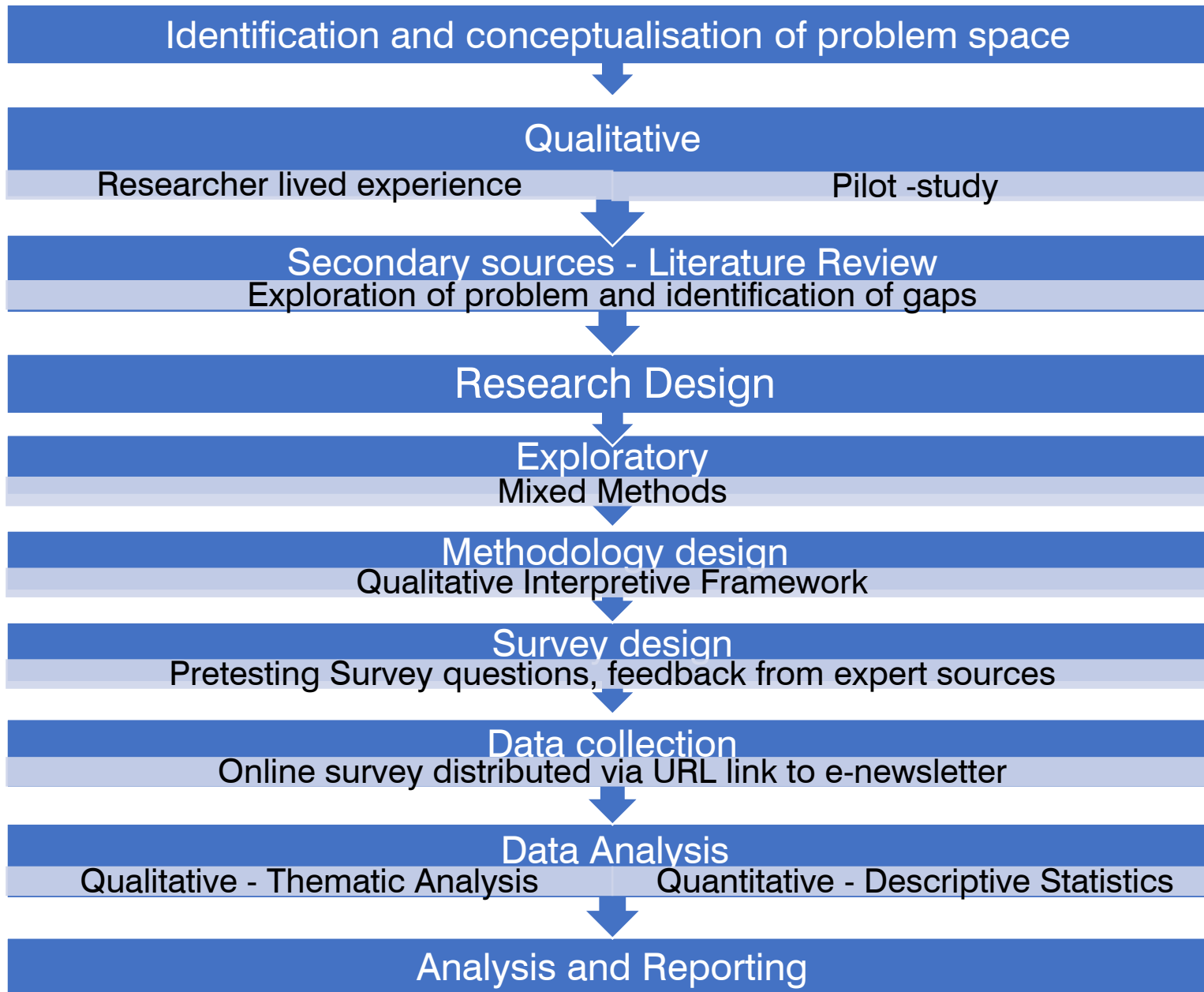
PILOT STUDY

To confirm the feasibility of the research method prior to developing the larger study

- Ethnographic approach
- Health care workers from 3 teams, 2 providers (public and private)
- Data collected from observation, informal discussions
- Face-to-face and via Zoom, Teams ^[13,14]
- Conducted between January 2021 and March 2023

THEMATIC ANALYSIS: KEY FINDINGS

- Demonstrated the existence of a problem space, closely aligned with the literature review
- A one-size-fits-all approach in service delivery was problematic
- Emotional toll and risk to care providers
- Guided the data collection method, participant recruitment and survey questions in the larger study



RESEARCH DESIGN



RESEARCH INSTRUMENT:

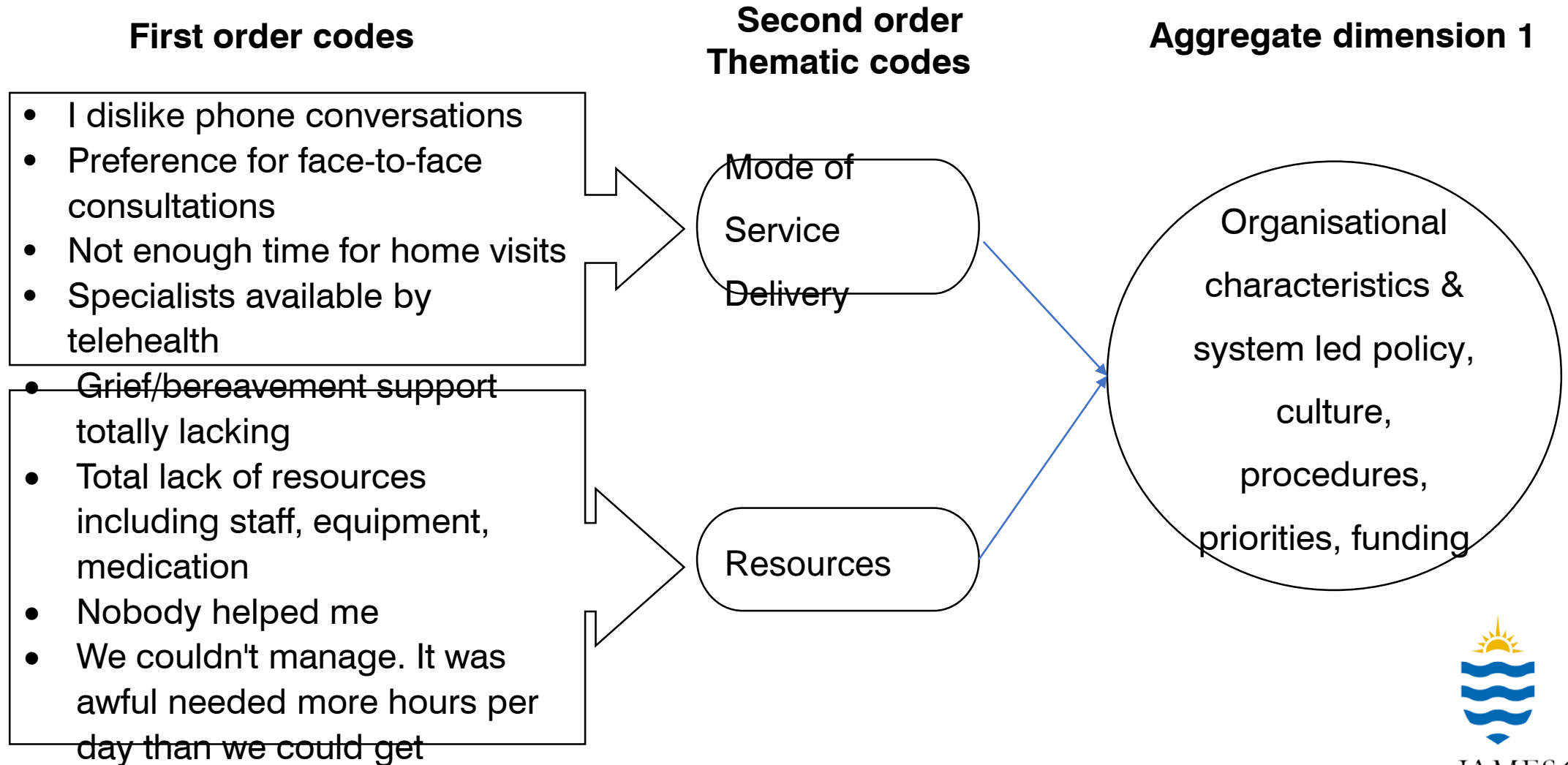
Data collection instrument	Method design	Participants	Responses	Data Analysis	Statistical tests
Online questionnaire x 1 Participants in 3 sections: Health professionals Family caregivers Patients	Quantitative and Qualitative (Mixed methods)	People experienced with accessing community palliative care in Australia	171	Thematic analysis Quantitative analysis	N/A Descriptive analysis: Mean, Std Deviation.

SURVEY PARTICIPANTS BY GROUP AND LOCATION

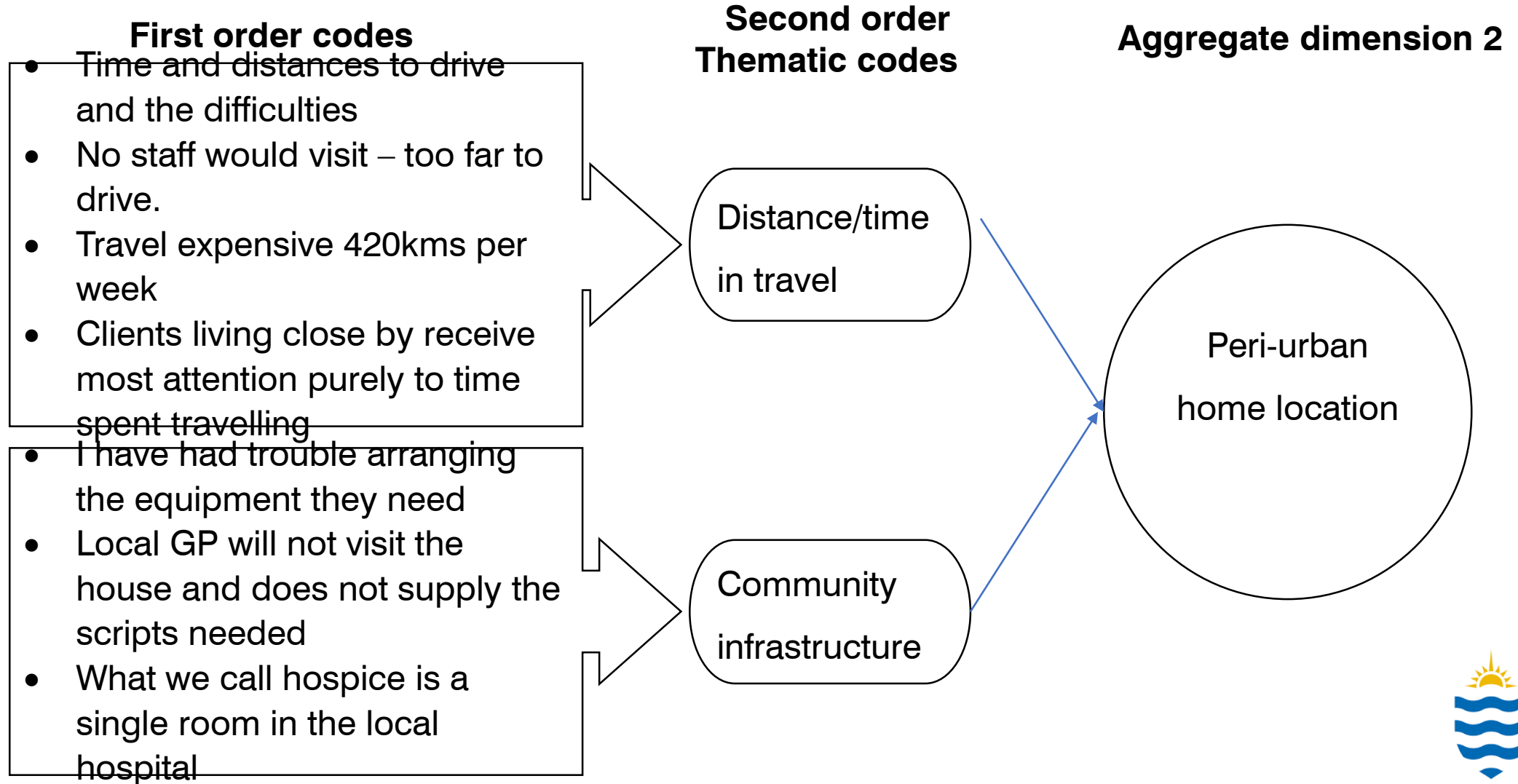
Classification	Peri-urban <i>n</i>	Rural <i>n</i>	Regional <i>n</i>	Metropolitan <i>n</i>	Total <i>n</i>
Health Professionals	35	5	3	7	50
Family caregivers	57	12	7	15	91
Patient	14	9	4	3	30
Total	106	26	14	25	171



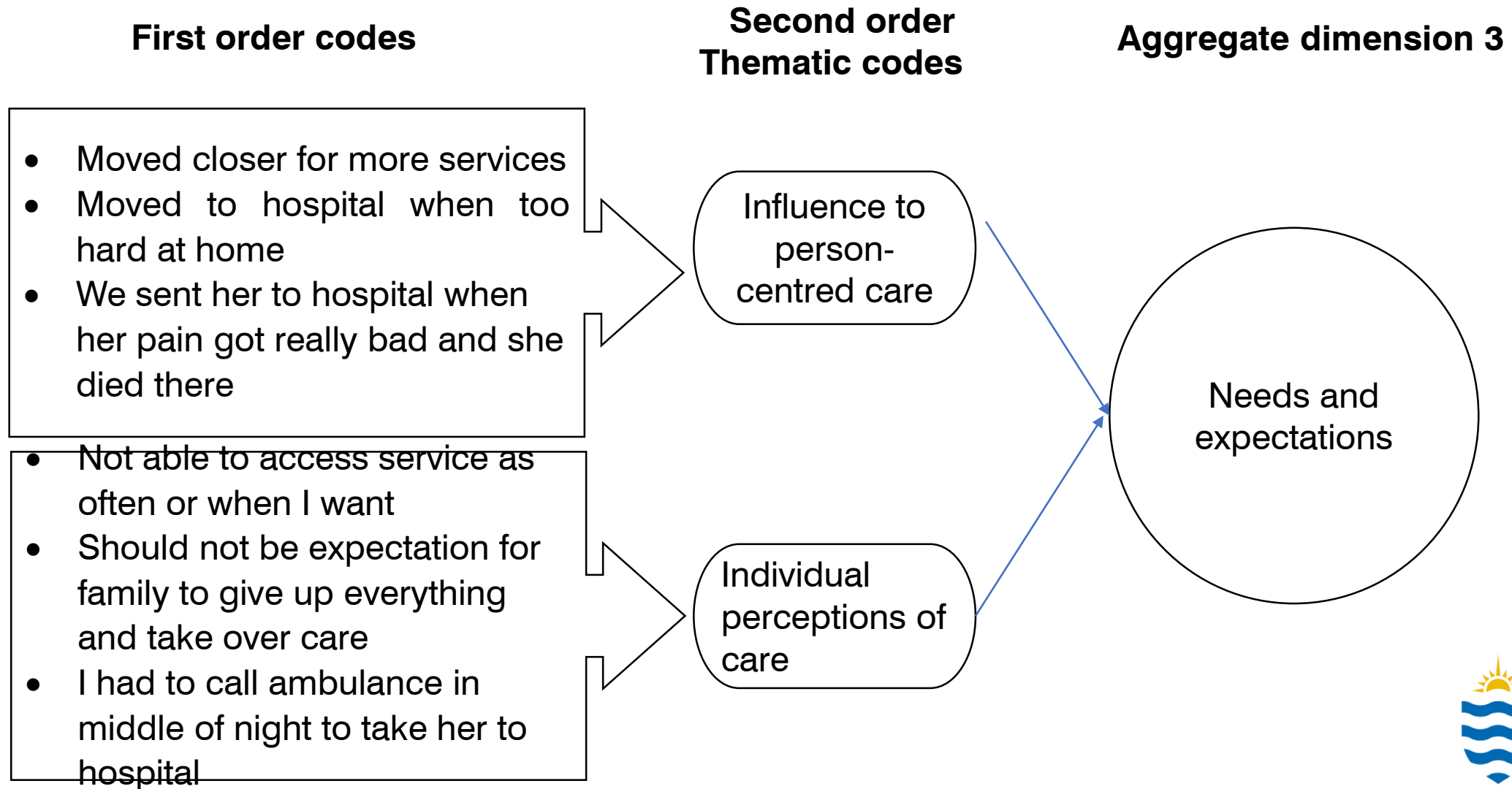
THEMATIC ANALYSIS SURVEY RESULTS



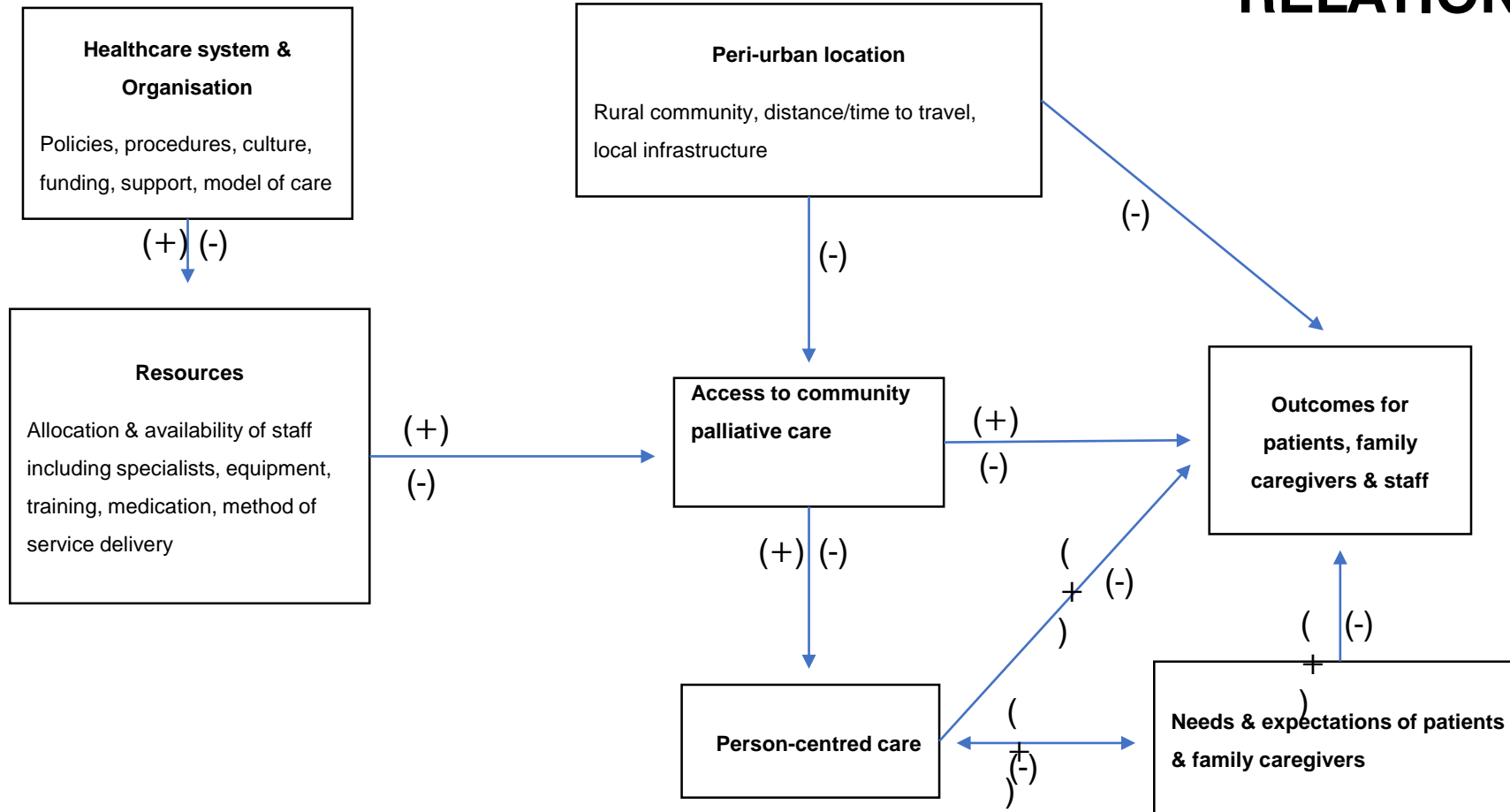
THEMATIC ANALYSIS SURVEY RESULTS



THEMATIC ANALYSIS SURVEY RESULTS



AGGREGATED THEME RELATIONSHIPS



HEALTH PROFESSIONALS' PERSPECTIVE: BARRIERS TO ACCESS

Key findings

- Home location – distance a barrier to resource provision
- Lack of recognition and support from employer

Resulting in:

- Changes in service delivery methods
- Potential for caregiver burnout, stress and relocation of patients
- Lack of satisfaction and increased frustration for clinicians
- Poor outcomes

FAMILY CAREGIVERS' PERSPECTIVE: BARRIERS TO ACCESS

Key findings

- Home location - travel influencing decision-making
- Unmet needs and expectations

Resulting in:

- Distress and an emotional toll on the family unit
- Disappointment in the carer experience

PATIENTS' PERSPECTIVE: BARRIERS TO ACCESS

Key findings

- Home location – travel influenced decision-making
- Unmet needs and expectations

Resulting in:

- Disappointment, relocation and loss of choice

CONTRIBUTION TO PRACTICE

Key research findings have been summarised in a report directed to Dr Robyn Lawrence, the Chief Executive of the Department for Health and Wellbeing, South Australian Health Department :

Recommendations:

- 1 Build flexibility into allocation of resources and methods of service delivery.**
- 2 Provide access to equipment.**
- 3 Provide 24/7 after-hours telephone support for ongoing education and information.**
- 4 Support access to essential medication for end-of-life care.**
- 5 Increase funding to support choice of location for end-of-life care**
- 6 Target strategies to improve physical access to specialist services in peri-urban areas.**
- 7 Increase workforce capacity.**
- 8 Support access to bereavement support.**
- 9 Promote a supportive working environment.**

CONTRIBUTION TO KNOWLEDGE

- Peri-urban locations retain the characteristics of barriers to access known to exist in rural and remote Australia.
- No clear definition or classification of peri-urban location currently exists which adds to the lack of clarity in allocation of appropriate resources and methods of service delivery.
- The social impacts on health and dying from barriers to access are substantial and significant for the increasing numbers of people relocating to peri-urban locations.
- Lack of person-centred care impedes quality of life and increases physical and emotional risks to care providers and recipients.
- The literature and this study both indicate a need for further research into peri-urban locations.

Thankyou for listening

Questions?

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