

Executive Summary

INTRODUCTION

The Community Health Survey 2015 provides Omeo District Health with local community based information and feedback to assist with the review of current health services, and guide the planning and implementation of future programs and services.

The survey enabled Omeo District Health to:

- Determine the health conditions and behaviours impacting on the Omeo District community.
- Determine what health and lifestyle factors are important to the Omeo District community.
- Establish the extent to which community health activities and/or services are working well for the Omeo District community.
- Determine opportunities for development or improvement in program and/or service delivery.

METHOD

The Community Health Survey was administered between June-July 2015.

The survey was sent out to 573 households in the Omeo region, targeting the population of 1472 residents with an aim of achieving 10% of the surveys back (57 surveys).

Surveys were conducted via Paper based surveys provided to every household via the Omeo District Health publication 'Health Matters', online via survey monkey and in person at localised street stall surveys.

All surveys were entered into Survey Monkey. Quantitative and Quantitative data analyse was undertake using survey monkey and thematic analysis of comments to identify common themes.

RESULTS

102 surveys were received (17.8% of households).

Respondents represented a demographic spread across the 4 local townships and all age groups were represented.

- Overall there was a proportionally higher representation of respondents from Omeo and Ensay townships compared to Swifts Creek and Benambra townships.
- 2/3rds of the respondents were female (66%) and a 1/3rd male (34%).

- The majority of respondents were aged 35 years and older.
- Culturally respondents mostly identified themselves as Australian.
- While respondents represented a variety of household compositions, most respondents were from 2 person households.

Health and Wellbeing

- Respondents rated their health as average to good, with a rating average of 2.94. (Rating scale Poor=1, Average =2, Good= 3, Very Good =4).
- The most common condition effecting respondents and/or their families' health and wellbeing was chronic disease (49.5%). 31.3% indicated that there were no conditions affecting respondents and/or their family's health and wellbeing.
- The most common behaviour influencing respondents and/or their families' health and wellbeing was stress (33.3%) followed closely by being overweight (25%) and physical inactivity (24%). 36.5% indicated that there were no behaviours influencing the respondents and/or their family's health and wellbeing.
- The health and lifestyle factors identified as being most important to respondents was access to health services (74%) and regular physical activity (70%).
- 40% of respondents highlighted that being more physically active, the provision of opportunities and facilities that support them to be active would most help to improve their health (e.g. exercising more, having classes and variety of sporting options and facilities such as heated indoor pool and more accessible gym hours).

Services

- The top 5 services at Omeo District Health used by respondents included Omeo Medical Centre including GP, practice nurse and outreach clinics (87%), dental services (33%), physiotherapy (22%), community gym (18%) and home and community care including maintenance (8%).
- The top 5 services and/or activities provided by Omeo District Health identified as working well for respondents were the Omeo Medical Centre including GP, practice nurse and outreach Clinics (71%) dental services (25%), community gym (17%), physiotherapy (16%) and home and community care services including maintenance and planned activity group. (10%)
- Community-based services and activities identified as working well included physical activity

participation and facilities including sporting clubs, walking and yoga (36%), Bush Nurse Centres (20%), and community engagement activities that included social gatherings, leisure and recreation activities (12.5%).

- The most common thing respondents felt was lacking were respondents were physical activity opportunities (17%). 20% of respondents indicated that they felt there was nothing lacking or it was 'all good'.
- Suggestions for improvement highlight ODH could improve on communication and publicity of services and programs (18%). 20% of responses indicated satisfaction with no suggestions from improvement.
- Most respondents felt that Omeo District Health adequately catered for their cultural needs. (47%). A further 38% felt the question was not applicable to them.
- Overall respondents indicated a high satisfaction with the service provided by Omeo District Health with a rating of 8.52. (0 being extremely dissatisfied and 10 being extremely satisfied).
- Overall final comments received reflected positive statements including those of good work, good service, friendly and helpful, good staff.

CONCLUSIONS AND RECOMMENDATIONS

The results of the Community Health Survey 2015 have provided valuable information regarding the community's health and wellbeing.

The survey has highlighted factors that impact on the health and wellbeing of individuals and/or their families and those determinants of health that the community value most.

The survey also highlighted those services that are being utilised both at Omeo District Health and in the community, and those that are working well. Finally the survey was able to highlight the level of satisfaction with the service provided by Omeo District Health and offered some suggestions for improvements.

In summary in order to continue improving the health and wellbeing of the community the following recommendations have been made:

Clinical

- Review and build on work with EGPCP and current ACIC plan for ODH (Q7).
- Ensure secondary prevention services (chronic disease management and diabetes education) are maintained and optimal to reduce the prevalence of lifestyle related disease as well as appropriate management and treatment for current conditions (Q7).

- Strengthen chronic disease management and risk identification activities (Q7).
- Explore options related to continuity of care practice through involvement of Practice Nurse and Medical Reception (Q14).
- Promote ODH visiting services particularly promotion of dietician and psychology services (Q8).

Community Health

- Ensure primary prevention services (health promotion) are maintained and optimal to reduce the prevalence of lifestyle related disease (Q7).
- Continue to broadly promote physical activity opportunities building on current recognised activity. (Q8) (Q14) (Q15).
- Continue to promote healthy food options and encourage healthy eating behaviours (Q8).
- Explore and promote Quit programs for community (Q8).
- Encourage and support change in health behaviours through education and awareness activities, creating supportive environments, health promoting practice in early childhood, schools and workplaces (Q10).

General

- Improve the current publicity of Omeo District Health through targeted use of community media platforms (Q15).
- Explore impact of chronic disease among the population including chronic disease prevalence at local level- refer to DHHS statistics and medical centre presentations over 2 years timeframe. (Q7)
- Need to explore further regarding the factors contributing to stress and anxiety (Q8).
- Explore alternative options for transport (Q14).

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