Health policies and rural health services: An example of qualitative methodologies in policy analysis.

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Health policies and rural health services: An example of qualitative methodologies in policy analysis.

Background
Methods
Findings
Implications
Conclusions
Maternity care an important rural health service

Number of rural maternity units decreasing

- (1995–2005) 130 rural Australian maternity units closed\(^1\)
  - (1995–2005) 36 of 84 QLD public maternity units closed\(^2\)

Implications for consumers and providers of care; rural communities
background

• Maternity care an important rural health service
• Number of rural maternity units decreasing
  – (1995–2005) 130 rural Australian maternity units closed¹
  – (1995–2005) 36 of 84 QLD public maternity units closed²
• Implications for consumers and providers of care; rural communities
• “Health policy” as a tool of government
  – what government does and does not do
  – action/inaction; decisions/non-decisions
• Outcome studies lacking in policy research
The Policy Cycle

Bridgman & Davis, 2004

1. Identify issues
2. Evaluation
3. Implementation
4. Decision
5. Coordination
6. Consultation
7. Policy instruments
8. Policy analysis

background

coordination

decision

implementation

evaluation

identify issues

consultation

coordination

The Policy Cycle

Bridgman & Davis, 2004
Aims of the study:

1. Understand the influence of government policy on rural maternity care
2. Understand the lived experiences of rural people in four north Queensland towns
methods

“...there is a continued need to simultaneously read policy discourse with, and against, the experiences of those affected by policy decisions.” - (p. 1104, Panelli, Gallagher, & Kearns, 2006)

• 2 stages:
  (i) Policy analysis
  (ii) Case studies
methods

• Policy analysis – Walt & Gilson’s model³

Walt & Gilson, 1994
methods

• 4 case studies of north Queensland rural towns:
  – within Northern Area Health Service boundaries
  – rural status (1.84-12 ARIA; 3-7 RRMA; 2.4-15 ASGC)
  – local maternity care

• Case study data included:
  – observational data
  – documentary evidence
  – stakeholder interviews ( procedural medical officers, midwives, local GPs, health administrators, consumers of care / local parents)
methodology

POLICY ANALYSIS → CASE STUDIES

Canetown  Dairytown  Farmtown  Mineville

findings

rural maternity units  rural health professionals  rural residents

consumers  whole towns
policy study

• Health for all
  – Medicare, AHCAs
  – National Rural Health Strategy

• Key influences:
  – lack of policy!
  – centralisation of services
  – risk management
  – cost-efficiency

• Environment:
  – Bundaberg Hospital / Queensland Hospitals Commission of Inquiry\(^6,7\)
  – Queensland Health Systems Review\(^8\)
  – Re-Birthing report\(^2\)
## Dairytown, Mineville, Canetown, Farmtown

<table>
<thead>
<tr>
<th></th>
<th>Dairytown</th>
<th>Mineville</th>
<th>Canetown</th>
<th>Farmtown</th>
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</thead>
<tbody>
<tr>
<td>Predominant local industries</td>
<td>Agriculture</td>
<td>Mining</td>
<td>Agriculture</td>
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</tr>
<tr>
<td>Population</td>
<td>11,625</td>
<td>8,469</td>
<td>12,244</td>
<td>19,460</td>
</tr>
<tr>
<td>Average birth rate 1996-2004</td>
<td>139</td>
<td>132</td>
<td>167</td>
<td>247</td>
</tr>
<tr>
<td>Local hospital size</td>
<td>60 beds (+8 for dialysis)</td>
<td>25 beds</td>
<td>28-30 beds</td>
<td>56 beds</td>
</tr>
<tr>
<td>Proximity to regional hospital</td>
<td>110km</td>
<td>135km</td>
<td>110km</td>
<td>70km</td>
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</table>
### Interviewee Category vs. Number of Interviewees

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<thead>
<tr>
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<tr>
<td>Parents</td>
<td>33</td>
</tr>
<tr>
<td>Midwives</td>
<td>14</td>
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<tr>
<td>Directors of Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Nurse Unit Managers</td>
<td>3</td>
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<tr>
<td>Medical Superintendents</td>
<td>3</td>
</tr>
<tr>
<td>Local General Practitioners</td>
<td>4</td>
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<tr>
<td>GP Obstetricians</td>
<td>6</td>
</tr>
<tr>
<td>GP Anaesthetists</td>
<td>2</td>
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**Total: 40**
## Case Studies: Service Outcomes

- **Canetown**
  - *Birthing service closed*
  - All women to travel to regional centre for birthing

- **Farmtown**
  - *Trialling midwife-led service*
  - After traditional model no longer locally sustainable

- **Dairytown**
  - *Well-staffed, stable service*
  - Traditional service model
  - Good roster of proceduralists

- **Mineville**
  - *Inconsistent service*
  - Traditional service model
  - Medical staffing difficulties

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*Image source: [http://www.willowstick.com/Mining.html](http://www.willowstick.com/Mining.html)*
case studies: themes

- Community factors
- Workforce
- Quality of care
- Safety and risk
implications

• Lack of specific policy – a “policy vacuum”

• Environmental influences:
  – workforce: shortages, maldistribution, ageing
  – safety concerns?
  – increasing health care costs
  – neglected infrastructure
  – increasing patient expectations, increasingly litigious environment, small town characteristics...
implications

Things go wrong in obstetrics all the time. Mothers die, babies die, there are bad outcomes. And that’s obstetric reality. - #38 (GP, Canetown)

... I don’t know how evidence-based some of those tools are... But they’re tools that Queensland Health corporately adopts so you’re obliged... you just have to be very careful not to step out of that... It’s hard to argue. If... something goes wrong but you’re within policies and procedures it’s a defensible position... and since... that whole thing happened in Bundaberg, there’s an even greater sense of scrutiny... - #4, (Mineville Hospital management)

I think it’s an extremely litigious area [obstetrics] and very bitter sort of area to work in... It’s an emotionally charged area. - #39 (GP, Canetown)
implications

“. . . because we’re odd, we’re not mainstream, we get extra scrutiny. If we had a loss of community confidence or . . . organisational confidence because of some outcome, we would not be as protected as if the same scenario happened in a tertiary model. - #24, (midwife, Farmtown)

“There’s choices and you have to make choices that are safe, that are not going to land you in a court of law . . . of course you’re under scrutiny – we’re the only rural model in Queensland. You’re under constant scrutiny so you’ve gotta – it’s gotta look good. - #23 (midwife, Farmtown)
implications

• Variety of service outcomes:
  – Farmtown: trialling midwife-led service
  – Mineville: traditional but inconsistent service
  – Dairytown: traditional service with robust roster
  – Canetown: birthing service closed

• Unyielding constraint or a ring fence?
conclusion

• The need for:

  supportive policies that are specific!

  flexibility in policy


Thank You

This research is proudly supported by the Queensland Government’s Growing the Smart State PhD Funding Program and may be used to assist public policy development. The State of Queensland accepts no responsibility for decisions or actions resulting from any information supplied. The views and information contained in the research do not necessarily represent the views or opinions of the Queensland Government and carry no endorsement by the Queensland Government.