



Department of Rural Health



# Crossroads II Research Study

## Informing planning for future services

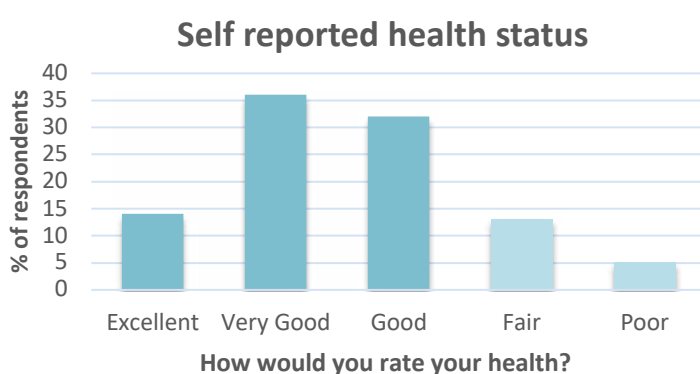
### Health in Shepparton and Mooroopna 2016-2018

#### Summary of Key Findings

The Crossroads II study explores the health and wellbeing of residents in Shepparton and Mooroopna in 2016-2018 as well as their service use, access to services and rates of undiagnosed disease.

Crossroads is one of the most detailed health studies undertaken in rural Australia providing vital health data to local services for service planning and improvement in the region and to attract funding to help meet local needs. Crossroads II is a follow up from the initial study in 2001-2003.

This report provides a summary of key findings focusing on changes from the first Crossroads study 15 years earlier, health, happiness, rates of key conditions and service use.



About the same results as 15 years earlier

Above Victorian average

82% reported their health as good to excellent

71% are happy or very happy



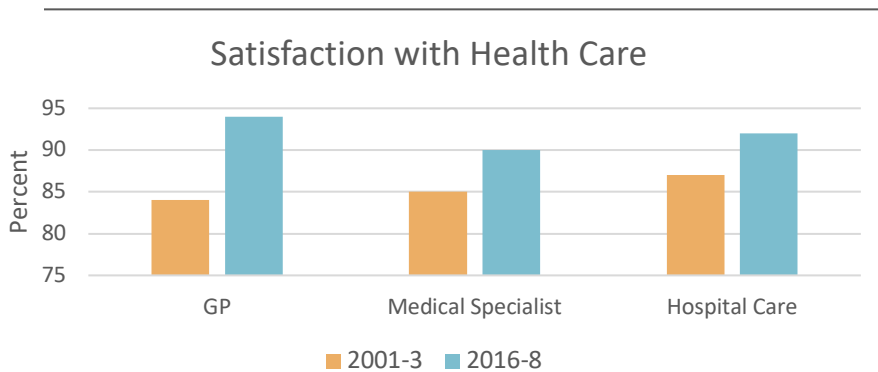
Levels of happiness increased from 15 years ago

#### How was the study undertaken?

1,800 households were randomly selected and visited by trained research assistants. Of these, 934 households (response rate 60%) agreed to participate in the study with a total of 1,344 adults completing a detailed health questionnaire asking about health conditions, service use, concerns about health care and demographic questions. Following, 343 of those adults surveyed attended a 2-hour health screening clinic.

# We're on the right track

Since the original study, the results indicate increased use of services and greater satisfaction with health care.



**90% or more** were satisfied with medical care

**96% reported** confidence in their GP



Most, **93%**, had **seen a GP** in the **past year**



Almost half, **44%**, had **seen a medical specialist** in the **past year**



**69%** had **seen a dentist** in the **past 2 years**



**Most use services in Shepparton or Mooroopna**

## Have you had your health checks?

In the past year:

- ✓ 88% had a blood pressure check
- ✓ 68% had undergone a cholesterol check
- ✓ 64% had been checked for diabetes
- ✓ 50% had their eyes checked

These had all increased since the study 15 years earlier.

*“We need to create models of health services that will work for the local population. It’s very exciting to be able to provide quality information to help health care providers plan for health services, make strategic decisions and build cases for funding”*

**Professor David Simmons**

*“In rural environments, the importance of service planning is crucial and dependent on improved access to robust and accurate data. Not just generic data but localised, real time data that reflects the health status, emerging needs and service gaps in our communities.”*

**Mr Craig Chadwick, EO,  
Goulburn Valley Primary  
Care Partnership**

## Recommendation: Local services are needed and should be continued.

Local services are well used and needed by the community. The decrease in undiagnosed disease in the past 15 years suggests these services are screening and diagnosing key health conditions. The number and type of health services available in Shepparton and Mooroopna has increased; further new services in areas of need have been developed, including pain services, cancer services and other medical specialists. Support, funding and continuation of these services are important to local residents.

# What are the key health issues?

Rates of chronic and long term conditions have increased since the original study

## Most common to least frequent

- Eye problems
- High blood pressure
- Arthritis
- Allergies
- High blood fats
- Depression
- Chronic pain**
- Hearing loss
- Skin conditions
- Asthma
- Digestive problems
- Disability**
- Heart problems
- Respiratory problems
- Cancer
- Thyroid trouble
- Osteoporosis
- Diabetes
- Circulatory problems

### 22% identified chronic pain as an issue

Back Pain was the most common cause of pain

This supports the ongoing need to maintain a pain clinic in Shepparton

**18% identified as having a disability**, primarily physical disability and chronic pain. For most, disability restricted everyday activities.

**Rates of undiagnosed conditions have decreased over the past 15 years**

## Community participation is similar to 15 years ago



Involved in a group: Participate 10+ hrs each month:

**52%** in 2016-2018

**29%** in 2016-2018

**55%** in 2001-2003

**32%** in 2001-2003

**Mental Health:** Levels of psychological distress were identified as higher than the state average and other studies.

**Injury:** 14% had experienced an injury in the past year that lead to time away from work or school. This is slightly higher than 11% in the earlier study.

**Access to health care:** Two thirds have no concerns accessing health care. The remaining third were concerned about cost, waiting times, travel, lack of specialists and general access to care.

**Social Isolation:** More than one in five respondents lived alone. Loneliness and social isolation were identified as key issues, particularly among the elderly.

## Recommendation: Address factors limiting local residents' ability to manage their health well.

Known as the social determinants of health (WHO, 2019), addressing key issues in people's lives enables healthier living and improved access to health care for those who need it. This includes income, employment, education, housing, transport, social connection and social inclusion. Addressing these issues for residents with disability, chronic pain, mental ill-health and/or who are socially isolated as well as for residents who are marginalised due to low income, low English proficiency and other cultural barriers is important for overall health, wellbeing and inclusion.

# How healthy are we ?

Some indicators of health behaviours were found to improve and others call for healthier lifestyles



**14%** indicated they smoked -this is below the Victorian average and **8% fewer than in 2001-03**



**71%** reported participating in physical activity, an increase from **15 years earlier**



**A higher proportion** indicated they ate the recommended serves of fruit and vegetables than the Victorian average



Consumption of take-away foods has **increased** over the past 15 years



**68%** indicated they were overweight or obese, an increase from 2001-2003



**94%** said they had been immunized for childhood diseases, an increase from 2001-03.

## Recommendation: Promote healthy living.

The increase in chronic and long-term conditions that prevent quality of life and healthy ageing call for a whole-of-community approach to promoting healthy lifestyles. Promotion of physical activity, healthy diets and moderation of alcohol consumption are key to our community's health and wellbeing, both now and in the future. Expanding and integrating current strategies as well as engaging all sectors of the community in healthy living would provide a holistic approach.

## Thank you

Thank you to all participants who generously gave their time and shared their experiences. This research study was funded by the NHMRC and local health and local community partners. We thank the partners for their support, cooperation and direction of this project. The data will be used for service planning and improvement in the region.



### Contact Details:

- ✉ [drh-info@unimelb.edu.au](mailto:drh-info@unimelb.edu.au)
- <http://go.unimelb.edu.au/so6r>
- ☎ +61 3 5823 4500

Lisa Bourke  
49 Graham Street  
PO Box 6500 Shepparton VIC 3632

*The UDRH acknowledge the Australian Government Department of Health for funding through the Rural Health Multidisciplinary Training programme.*

CRICOS 00116K

May 2019