



Few urban-rural differences in older carers' access to community services

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background

Use of community services

- Appropriate use of services may reduce carer burden
- Limited Australian research – ↓ overall use of services
- Unmet needs for services among carers, ? due to:
 - ↓ awareness
 - lack of services
 - inadequate referral
 - access issues
 - reluctance to use them
 - others.....
- Low use by carers:
 - stroke, dementia, MH
 - minority groups
 - living in rural areas
- Older carers have unique issues

aim

To examine

- perceived information on
- perceived availability of
- use of
- perceived access to
- perceived quality of

community health services

among older women carers across urban and rural Australia, who are participants in the Australian longitudinal study on women's health

key facts about the Australian longitudinal study on women's health (ALSWH)

- Longitudinal cohort study of the health and well-being of Australian women (Initial N ≈ 40,000)
 - 1921 - 1926 – 'Older' women
 - 1946 - 1951 – 'Mid-aged' women
 - 1973 - 1978 – 'Younger' women
- Designed to run for at least 20 years (1996 – 2015+)
 - Each cohort completes a postal survey every 3 years
- Intentional oversampling in rural and remote areas in 1995
- Funded by the Australian Government Department of Health and Ageing
- Based at the Universities of Queensland and Newcastle

methods ~ survey

Nested cross-sectional substudy of 1921-1926 birth cohort: women aged 76-81 in 2002

Funded by NHMRC Healthy Ageing Grant (2003-2005)

Postal survey

- 59 questions, mixture of closed and open ended items
- Questions about care recipient / carer
- In 14 point font
- At 7th – 8th grade readability level



Tested by:

- 4 focus groups of women carers (6-8 per group)
- ALSWH pilot sample (n=30)

methods ~ recruitment

674 women carers from ALSWH
3rd Survey in 2002

- 201 no longer caring
- 3 died
- 144 refused
- 20 letter returned unopened

306 completed survey

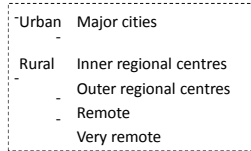
- 25 cared for person in care facility

281 included in analysis

methods ~ analysis

Analyses on 281 women:

- 112 urban carers
- 169 rural carers
- ARIA Plus : urban/rural groups
- Results in percentages



- Differences between urban/rural groups determined by chi-square and percentage difference

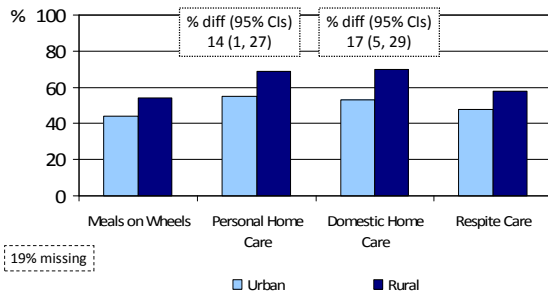
community services

Community Services

- **Meals on Wheels** : services delivering meals to home
- **Personal Home Care** : paid assistance with self care (e.g. bathing, dressing) and nursing care (e.g. wound care, continence)
- **Domestic Home Care** : paid assistance with cleaning, ironing, shopping or gardening (i.e., home help not including nursing care)
- **Respite Care** : service provided to give a break from caring; home or centre based

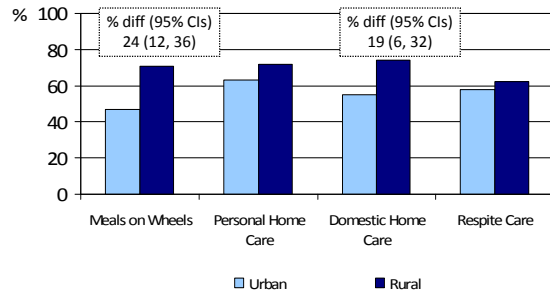
access to 'enough information' about services by urban / rural

How much information about [service] has you or the person you care for received?
 → Enough / not enough or no information



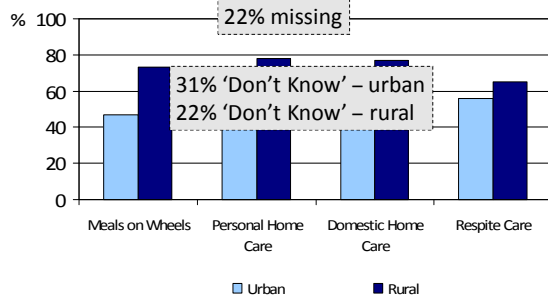
service is 'available' by urban / rural

Is [service] available to you or the person you care for?
 → Available / not available or do not know



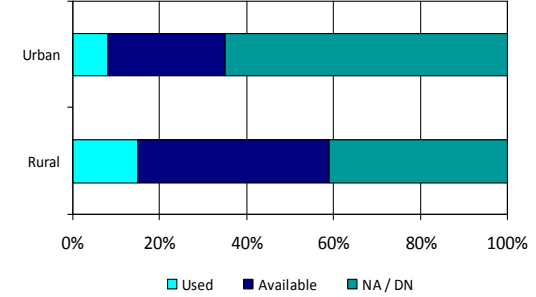
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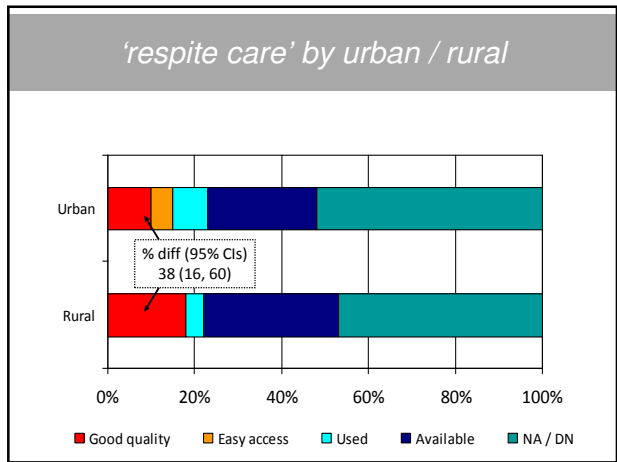
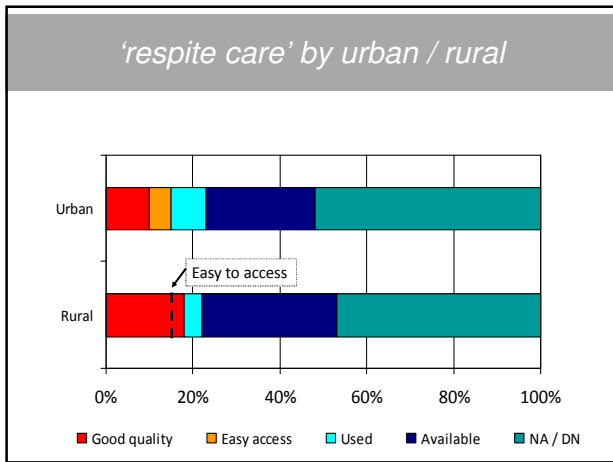
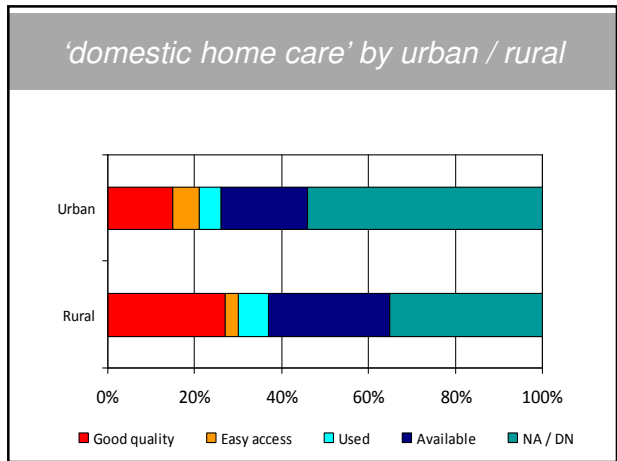
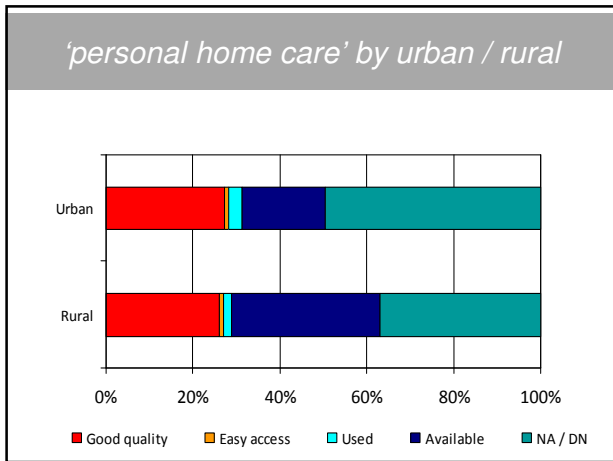
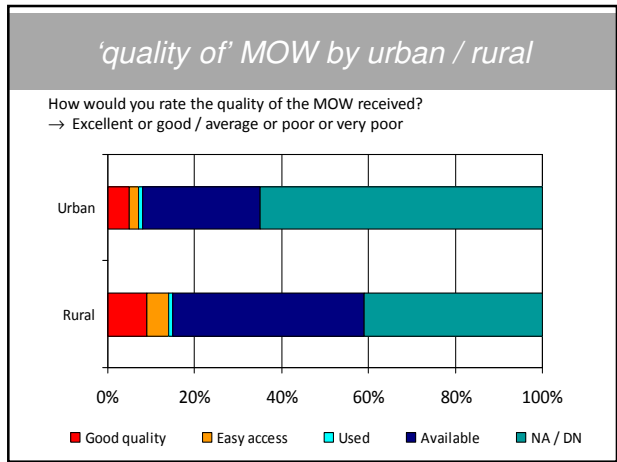
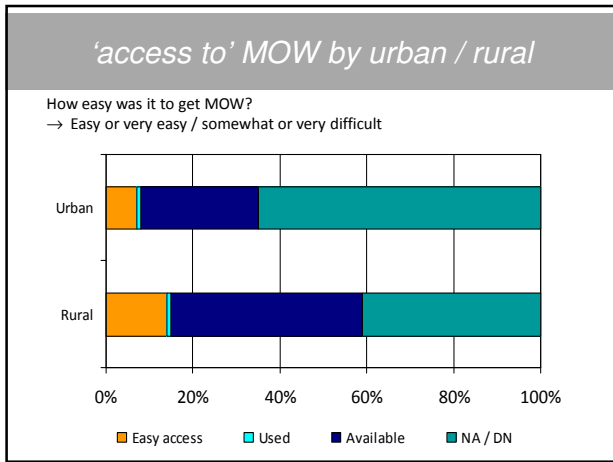
Is [service] available to you or the person you care for?
 → Available / not available or do not know



'have used' MOW by urban / rural

Has the person you care for used MOW?
 → Have used it / no or do not know





summary

- Consistent pattern of few differences between urban and rural carers in this survey
- In rural areas, *possible*
 - better access to information on PHC, DHC
 - greater perception of availability of MOW, DHC
 - greater perception of quality of respite services

summary

Patterns

- Reasonable access to information (50% +)

yet

- Poorer knowledge about availability
 - + high % missing / don't know responses

and

- Use was low

summary

Strengths & limitations

- Random sample across Australia
- Oversampling in rural and remote areas

- Reliance on self-report
- Simple measures of association



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www.alswh.org.au

