



Thank you

The Board and CEO of the Inner South Community Health Service would like to acknowledge each of the 736 clients who participated in the survey. Thank you for your time – interviews took 30 to 50 minutes to complete – and willingness to tell us about your health experiences and challenges. We are sincerely grateful.

We would also like to thank the 80 staff who were involved in planning this project and in interviewing and supporting clients to participate.

Contents

Why a client survey?	1
This Summary and the ISCHS Client Survey Report	1
What did we talk about? The survey design	1
Who did we talk to? The survey demographics	1
What did we learn? The survey responses	3
Your health is about how you feel	3
Your health is about the services you need	3
Your health is about your relationships and life events	4
Your health is about your living arrangements	4
Your health is about your food and exercise	5
Your health is about your financial security	5
Your health is about getting around	5
Taking a deeper look – selected comparisons	6
People who reported fair or poor health – some comparative data	6
What does age have to do with it?	7
Not yet 60 – life can be harder when you’re younger	8
A gender lens	8
The high cost of insecure housing and homelessness	9
Living Alone	9
Paying the rent	9
Ill-health and hospitalisation	9
Illicit drug using and social disconnection	10
Still smoking	10
What are we going to do with what we have heard from our clients?	11

Why a client survey?

...thank you for listening to my opinions

The Inner South Community Health Service (ISCHS) predominantly provides services within the cities of Port Phillip and Stonnington. Port Phillip has been significantly affected by successive waves of gentrification, as have the Stonnington suburbs of Prahran and Windsor. Both local government areas include populations characterised by advantage and relative affluence. The ISCHS, however, targets the communities within those communities that are least affluent and who experience most disadvantage.

The 'story' of the health experience of the most vulnerable people can be lost or poorly understood when placed in the context of relative affluence. In order to make known and better understand the 'story of the fewer', the ISCHS asked clients themselves about their health experience. In face-to-face interviews staff of the ISCHS interviewed 736 clients (7.6% of current clients) between April and June 2009 using a structured survey tool.

This Summary and the ISCHS Client Survey Report

This Summary provides a brief overview of the results of the survey. If you would like to know more, a detailed report is available. You can download a copy from www.ischs.org.au or obtain a hard copy by contacting the ISCHS CEO's Office on 03 96909144.

What did we talk about? The survey design

... if I had health I could turn the mountains upside-down

The ISCHS Client Survey was designed with the multiple dimensions of health and wellbeing described by the social model of health in mind. We recognise that all of life's facets positively or negatively impact on our wellbeing.

The survey is introduced with a brief section titled 'About you' in which interviewers collected non-identifiable demographic information about the people who were interviewed (respondents) including age, gender, country of birth, housing type and health care card status. The body of the survey included 20 closed-ended and 5 open-ended questions. Quotations in this document are drawn from clients' answer to open-ended questions. The questions were grouped under the following themes:

1. 'Your health is about how you feel'
2. 'Your health is about using services you need'
3. 'Your health is about your relationships and life events'
4. 'Your health is about your living arrangements'
5. 'Your health is about food and exercise'
6. 'Your health is about your financial security'
7. 'Your health is about getting around'

While the majority of questions were developed specifically for the ISCHS Client Survey, some questions drew inspiration from a number of highly regarded national and local tools. The survey tool was piloted with a group of ISCHS clients.

Who did we talk to? The survey demographics

The ISCHS survey involved 736 clients, 81.3% of whom are known to live in Port Phillip and 26.5% who are known to live in Stonnington. 430 (58.4%) of all respondents, live alone – this is 35% higher than the number of people living alone in the Melbourne Statistical District (MSD) and more than 20% higher than in the local area.

Survey respondents more often live in public housing (41.2%) than others in the local population (3.8%) and the MSD (2.7%). People who privately own and are renting privately are also underrepresented in the survey respondents.

"Ask me that when my health and housing are a lot better"

Compared to the local population:

- ♦ the %age of respondents who own their home is 25.5, compared to 44.6% in the local population and 67.7% in the MSD
- ♦ the %age of respondents renting privately is 21.5, much less than the local population (38.2%), although close to the MSD figure of 21.2%.
- ♦ 9% of respondents reported that they lived in SRS or boarding or rooming houses.

87% of the people we spoke to are health care card holders. This compares to 6% of the combined populations of the Cities of Port Phillip and Stonnington.

More respondents are older than is broadly reflected in the local population. When comparing respondents to the local population:

- ♦ people aged less than 40 are significantly fewer in the survey population than the general population – 24.5%, compared to 58.7% of the local area and 55.7% of the Melbourne Statistical District (MSD)
- ♦ the number of survey respondents older than 40 is much greater than in the local population (75.1% to 41.2% of the local area and 44.2% of the MSD).

The largest group of survey respondents were aged 40–59.

The ISCHS offers an extensive range of program and services; they are delivered across 4 program areas:

- ♦ Aged Health and Rehabilitation Program (AHRP). Of the survey population, 248 (19.5%) respondents were clients of this program. The ARHP includes the Indigenous Access Program.
- ♦ Community, Youth and Family Health Program (CYFHP). Of the survey population, 142 (34.1%) respondents were clients of this program.
- ♦ Dental Health Program. Of the survey population, 113 respondents (15.5%) were clients of this program.
- ♦ Health Innovations Partnership Program (HIPP). Of the survey population, 229 (31.5%) respondents are clients of this program. HIPP includes mental health (psychosocial rehabilitation and support) services, education and support services to sex industry and services to people who use illicit drugs.

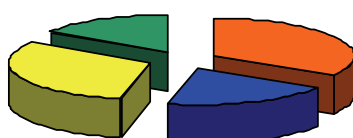
Whilst clients are primarily engaged through one program area, many use services across different program areas.

More females than males were surveyed and the %age of females in the survey population (52.9%) was higher than the %age in both the local population (48.9%) and the MSD (49%). Four survey respondents (0.5%) identified themselves as transgender.

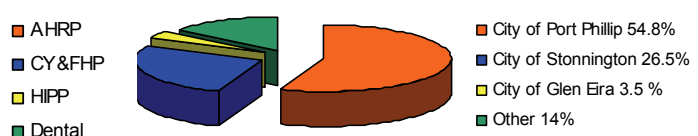
25 people who identified as Aboriginal or Torres Strait Islanders participated in the survey. The majority of respondents were born in Australia and other English speaking countries. Those born overseas are from the more established migrant groups (including people born in Greece, Italy and China).

The ISCHS acknowledges there remain limitations to the survey, including with the range of clients we were able to involve. The survey did not work easily or well for children, people with cognitive difficulties and, at times, for people who required interpreters.

Respondents by program



Respondents by LGA



What did we learn? The survey responses

Your health is about how you feel

...life is alright

Clients interviewed showed strengths and resilience – 56% rated their health as good as or better than good, and 35% had experienced improvement over the past 6 months. 60% reported being happy and 72% had things to look forward to.

...if I could get out into the garden and bend down

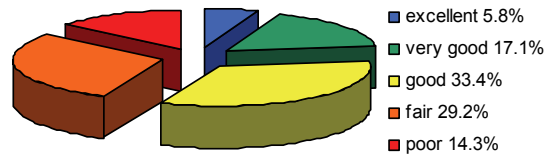
Alongside these positives is a high level of vulnerability, with 43% of people reporting fair or poor health, 28% of respondents indicating they stumbled or tripped easily and 45% having difficulty bending or kneeling. 61% reported often being tired and run down.

More than a third of respondents reported spending less time in one or more significant spheres of life: for example with friends or family, at work, or being engaged in recreational activities.

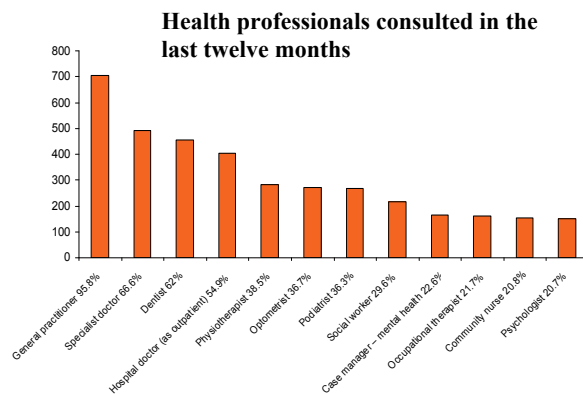
On average, respondents identified being diagnosed or treated for 3 medical conditions in the past 2 years. More than 46% of all respondents had been diagnosed with or treated for depression, and over 43% had been treated for or diagnosed with anxiety. Chronic pain affected more than 46% of people we talked to. 85% had taken medication in the last four weeks.

In response to the question 'what two things would make you feel better about your life?' 32.2% of respondents identified improvement in relationships and social connectedness, while 22% identified financial security or improved financial position.

Respondents' health rating



Your health is about the services you need



The people we spoke to had, on average, consulted with 3 different health care professionals in the 12 months leading up to the survey. General practitioners were consulted by 95.8% of respondents, followed by specialist doctors (66.6%), dentists (62.0%), hospital doctors as outpatients (54.9%) and physiotherapists (38.5%).

Respondents were also users of hospital services, with 38.5% having been treated in a hospital ward and 37.8% having been admitted into hospital emergency departments in the 12 months leading up to the survey.

When asked, 'What two things would improve experiences with health services/professionals?':

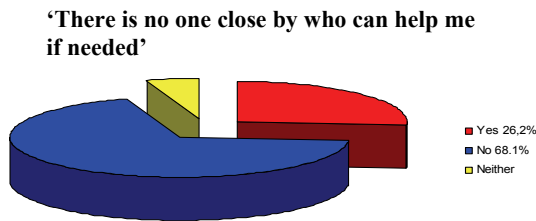
- ♦ 254 people, 34.5% of respondents, identified continuity of care and/or having a single care provider and better integrated services
- ♦ 212 people, 28.7%, identified issues associated with better access to services - access issues included transport, wait times, access to interpreters
- ♦ 104 people, over 14%, identified an issue to do with professional relationships or the professional's attitude.

*... I don't want too many services, I get lost and confused dealing with too many people
...if I could learn to read the information they give me*

"Ask me that when my health and housing are a lot better"

Your health is about your relationships and life events

As a group, survey respondents experience positive relationships in their lives. More than two-thirds (67.1%) feel comfortable around their families, a similar proportion (68.1%) trust their friends and have someone close by who can help them if needed, 77.4% are not scared of their neighbourhood, 76.6% know people they can really talk to, 70.2% feel loved, and 79.2% feel safe in the place they live.



However, over one-third (36.5%) of respondents agreed with the statement 'that they sometimes felt they were not wanted around', 193 (26.2%) people did not have anyone close by who could help if needed, and 419 people (56.9%) reported sometimes feeling lonely.

I miss my (late) wife ...how stressful it is migrating to a new country

Most of the people we spoke to had experienced a number of challenging (major) life events including:

- ♦ the death of a close family member or friend (70% including 22% who had experienced the death of a spouse or partner and 10% who had experienced the death of a child)
- ♦ major personal illness, disability or injury (68.6%)
- ♦ decreased income (67.9%) and financial difficulties (61.3%)
- ♦ unemployment (58.3%)
- ♦ discrimination (37.2%)
- ♦ family violence (30.6%)
- ♦ homelessness (30.3%).

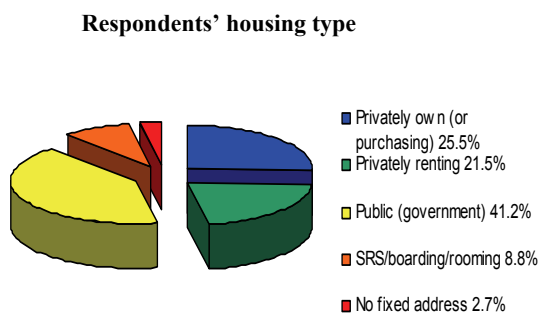
...more confidence within myself ... less financial stress ...mobility

When asked, 'What two things would make your relationships better?' 29% of all responses related to improvement in a broad range of social, health and economic factors that can act to enable and support relationships (or as barriers). 14% of responses related to respondents' perceptions of the need to make personal changes in order to improve relationships and 12.9% to issues with current relationships including lack of proximity.

Your health is about your living arrangements

Not everyone involved in the survey chose to answer the cluster of questions about their living arrangements. Of those who did answer this part of the survey (556) the majority (75.5%) stated that they had lived in the same residence for the 12 months leading up to the survey. By contrast, a small proportion (around 7.3% or 54 respondents) had lived in 4 or more residences in this period.

... if I could afford to heat the old house



Whilst the majority of respondents (76.4%) feel comfortable about where they live, there are specific concerns for a significant proportion. 205 people (27.9%) indicated that where they live doesn't meet their needs, and 27.7% worried about being able to afford where they live.

When asked, 'What two things would make your living arrangements better?' 18% of respondents identified affordability and income issues, whilst 14% identified a different type of accommodation.

Your health is about your food and exercise

... if I could have a varied diet and improve my constipation

A proportion of the people we interviewed had diets that are less than optimal:

- ♦ more than one-third (37.9%) of respondents skip breakfast through the week, with some – 132 people – rarely having breakfast
- ♦ a similar proportion (35.1%) skip lunch
- ♦ 162 people have home cooked evening meals not at all or 3 or fewer times each week
- ♦ fresh fruit and vegetables are consumed on a daily basis by only around half of respondents. 289 people eat fresh fruit not at all or 3 or fewer times each week; 230 people eat fresh vegetables not at all or 3 or fewer times each week.

When asked questions about financial security 81.2% of people indicated that they knew 'where each meal is going to come from'. This suggests that the barriers to eating regular meals may stem from issues other than financial ones.

On a positive note, around two-thirds (66.3%) never or rarely have fast food for their evening meals, and a similar proportion (68.6%) never or rarely consume alcohol.

More than one-third of respondents (38.5%) smoke cigarettes on at least 2–3 days of the week (with 35.1% smoking every day). This rate is much higher than that of the Southern Metropolitan Region, where 20–22% were found to be current smokers (that is daily or occasionally) at the last *Victorian Population Health Survey* in 2007.

... if I could have a swim in the ocean

It appears that there are barriers to physical activity amongst the ISCHS client group:

- ♦ 297 people (40.4%) did not engage in gentle walking either at all or did so on 3 or fewer days each week
- ♦ the majority of respondents (60.9%) never or rarely walked briskly for longer than 10 minutes.
- ♦ 71.1% of respondents never or rarely took moderate exercise like dancing
- ♦ 86.1% never or rarely took vigorous exercise like jogging (Given the age profile of the people interviewed this is not be surprising)

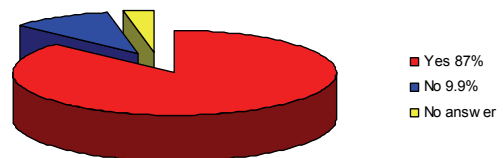
Your health is about your financial security

... if I had a full wallet and could get back to work

Whilst many (60.9%) of the people we interviewed say that they manage well on the money they have, there are substantial financial concerns related to meeting basic life needs:

- ♦ a significant proportion, 327 people (44.4%), find it hard to meet the costs of health services and medicines
- ♦ one third, 271 people (36.8%), have concerns in relation to paying their rent and/or bills
- ♦ the majority of respondents, 455 people (61.8%), also say that having a holiday is difficult because they 'don't have the money'
- ♦ more than half of the respondents (57.3%) had people they could turn to for money in an emergency but for 248 people (33.7%) this is not the case.

Health Care Card holders



Your health is about getting around

...I'd like to go to the city but I can't get my four wheel walker on the bus and the driver won't help me

Port Phillip and Stonnington, being inner urban areas, are generally well serviced by public transport. The majority of people (71.2%) we interviewed said it was easy to access transport to get to where they needed to go. However, one-third of respondents (34.2%) found it difficult to pay for the transport they needed. Individual respondents' physical mobility, and limits to the capacity of public transport to meet the needs of people with walkers and other aids, was raised as an issue in other parts of the survey.

Taking a deeper look – selected comparisons

The interviews provided us with a very rich source of data, and as part of the first stage of exploring the data we have compared a selection of different elements. This comparative work includes considering:

- ♦ the answers of people reporting fair or poor health to a range of other questions
- ♦ answers to a range of questions by age
- ♦ answers to a range of questions by gender
- ♦ answers to a range of questions by type of housing and household structure
- ♦ answers to questions related to hospitalisation and identified health conditions
- ♦ answers to questions related to illicit-drug-taking and selected other questions
- ♦ answers to questions provided by people who identified themselves as 'smokers' and selected other questions
- ♦ answers to questions provided by people who were transient and selected other questions.

These comparisons are not exhaustive and represent only the beginning of building a better understanding of the information our clients have given us. (We plan to look in more depth at comparative data over time). The initial analysis is, however, showing that there are some groups in the ISCHS client population who disproportionately carry the 'burden of disease'.

People who reported fair or poor health – some comparative data

... I'm housebound, I go stir crazy in here, I'm lonely, I need to get out even though my health is poor

Of the total number of people who participated in the survey 215 (29.5%) reported fair health on the day of the survey and 105 (14.4%) reported poor health. More than twice as many of these people (52.4%) than others (22.7%) surveyed reported that their health was 'worse than 6 months ago'.

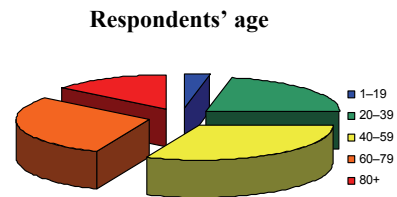
People with fair or poor health are experiencing greater isolation and difficulty in most life areas than people reporting better health:

- ♦ almost 60% have reduced the amount of time they have spent on work due to their physical health
- ♦ more than 50% have reduced the amount of time they have spent in leisure activities
- ♦ the amount of time spent with family and friends has been reduced by an average of 36%: the %age is highest for those reporting poor health
- ♦ 45% have reduced the amount of time spent in work due to emotional health
- ♦ these people more often report feeling
 - uncomfortable around family and friends
 - less trusting of friends
 - not wanted around
 - that they have no one close by who could help if needed
 - that they have no one to really talk to
 - scared in their neighbourhood and unsafe where they live
- ♦ almost 39% of people in poor health smoked cigarettes every day, compared to less than 12% of those in excellent health
- ♦ 56% found paying for health care was hard, compared to 20.5% of those in excellent and very good health
- ♦ 45% of respondents in fair and poor health worried about paying their bills, compared to 27% of those in very good or excellent health
- ♦ no survey respondents in excellent health rarely ate fresh vegetables, compared to 16.2% for those in poor health and 14% in fair health.

What does age have to do with it?

Of the total survey respondents:

- ♦ 22 (3%) were aged 1–19
- ♦ 158 (21.5%) were aged 20–39
- ♦ 233 (31.7%) were aged 40–59
- ♦ 214 (29.1%) were aged 60–79
- ♦ 105 (14.3%) were aged over 80



More than 60% of all people we interviewed aged over 20 had experienced major personal illness, disability or injury.

Comparative answers by age raise **concerns about fitness and mobility across age groups**:

- ♦ almost 59% of respondents aged 40–59 years reported that they would find it difficult to run for the bus, as did almost 40% of 20–39 year olds
- ♦ 40% of those aged between 40 and 59 years find bending and kneeling around the house difficult.

Transport can be an issue across age groups but for different reasons – accessing transport is more of an issue for people over 80 (40% of this age group) but cost of transport is an issue for people aged 20–60 (average of 43% of the age groups in the combined age range).

Among the younger clients nutrition and diet are of great concern:

- ♦ 18% of 1-19 year olds report never or rarely eating fresh vegetables.
- ♦ This statistic increases to 21% in the 20-39 age group.

... if I had more money to be able to socialise

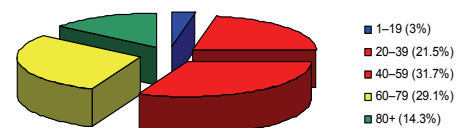
More than 40% of all adults interviewed who were over 19 years have cut down on work (paid and unpaid) for physical health reasons, and there is a similar pattern of **reduced engagement with leisure activities** across these age groups.

Not yet 60 – life can be harder when you're younger

Many 'younger' people are experiencing a very broad range of life and health challenges:

- ♦ both **depression and anxiety are much more common** in interviewees aged between 20 and 59 years: 56–60% of interviewees in this age bracket have been diagnosed or treated for depression or anxiety in the 2 years prior to the survey
- ♦ over 80% of those aged between 20 and 49 have experienced unemployment
- ♦ the average of those who felt they had been discriminated against because of who they are was over 50% for those under 60
- ♦ **over 80% of respondents in the 20–39 age group had experienced unemployment, decreased income and financial difficulties**
- ♦ almost a quarter of those aged between 1 and 39 had lived in between 2 and 3 **different places** in the last 12 months; 23% of those aged between 20 and 39 years had lived in four or more places
- ♦ the 20–39 age group was the most likely to be **living somewhere that did not meet their needs** and to not be comfortable where they lived
- ♦ **over 40% of respondents aged between 20 and 59 years were worried about being able to afford where they lived**
- ♦ 20-39 year olds were the most likely to have **difficulty paying for health services and medication** and to worry about paying bills. 50% of this age group did not feel they managed well on the money they had. 52% of those aged between 40 and 59 years also had difficulty paying for health services and medication
- ♦ people over 60 were most likely to feel loved and safe in their homes; and this group reported the highest rate of managing well on the money they had (almost 80%).

Proportion of respondents aged 20–59



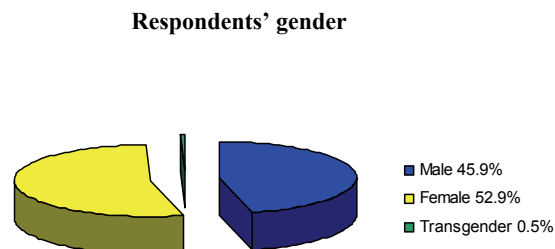
"Ask me that when my health and housing are a lot better"

A gender lens

Of the total survey respondents 338 were male, 389 female and 4 transgender.

Females more often:

- ♦ reported a greater reduction in the amount of time spent in work and leisure activities due to physical health issues than men
- ♦ living in 4 or more places in the past 12 months than men
- ♦ experienced the death of a partner or a child and the illness of a close family member; and were more likely to have been abused or assaulted.



For males:

- ♦ the use of illicit drugs in the 4 weeks prior to the survey is slightly higher than for women
- ♦ having suffering major personal illness, disability or death was more likely than for women and men were more likely to have experienced unemployment or reduced income
- ♦ smoking or drinking every day was more common than for females.

The high cost of insecure housing and homelessness

I was homeless due to the rising rents in the area which in turn made my depression and anxiety worse

This group of people are severely disadvantaged in all dimensions of wellbeing:

- ♦ Over 50% of respondents of no fixed address report **reducing activity across all categories due to emotional health issues** and close to 50% of those living in SRS/boarding houses had reduced the amount of time they spent in work for emotional health reason.
- ♦ Those in SRS/boarding house arrangements or of no fixed address were most likely to **not feel comfortable with their family or trust their friends**.
- ♦ Those of no fixed address were most likely to feel **scared in their neighbourhood and unsafe where they live**.
- ♦ Respondents of no fixed address were most likely (65%) to find it **hard to pay for health services and medicine**.
- ♦ 70% of respondents of no fixed address, and 51% of respondents in SRS/boarding house accommodation, found it **difficult to meet the cost of transport**.
- ♦ 70% of respondents of no fixed address, and 54% of respondents in SRS/boarding house accommodation, reported that **where they live does not meet their needs**.
- ♦ People who lived in SRS/boarding house accommodation were the most likely to have had **4 or more different residences in the last 12 months**.
- ♦ Respondents who have lived in 4 or more residences in the last 12 months are **much more likely to never or rarely have breakfast** every day than the total survey population (37% compared to less than 18%). Less than 18% of the total population **rarely ate fresh fruit**, compared to 46% of this population. The every day consumption of snack foods and soft drinks in this population is more than twice as high as in the total population.

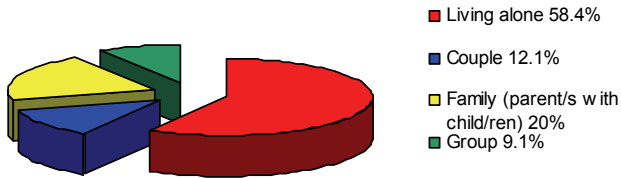
Of total survey respondents:

- ♦ 65 (8.8%) were in SRS/boarding house accommodation
- ♦ 20 (2.7%) were of no fixed address
- ♦ 54 (7.3%) reported living in four or more residences in the last twelve months.

Living alone

... if there were more people I knew in my street... if I knew someone cared... if I had someone to live with

Respondents' household structure



Of total survey respondents 430 (58.4%) live alone and there is a level of vulnerability experienced by these people:

- ♦ 50% reported that they did not find it easy to bend or kneel around the house.
- ♦ Over 30% reported having no one close by who could help them if needed.
- ♦ 30% had concerns about the affordability of their housing.

Paying the rent

... if I didn't have to worry about keeping a roof over my head

People interviewed who live in private rental accommodation have the highest rate of worry about being able to afford where they lived (54%).

Private renters: 'I worry about paying the rent or bills'



Ill-health and hospitalisation

Of total survey respondents, in the last two years:

- ♦ 130 (17.7%) had been treated for heart disease
- ♦ 154 (20.9%) had been treated for asthma
- ♦ 342 (46.5%) had been treated for depression
- ♦ 319 (43.3%) had been treated for anxiety
- ♦ 218 (29.6%) had been treated for vision loss
- ♦ 268 (36.4%) had been treated for chronic pain
- ♦ 139 (18.9%) had been treated for problems with alcohol/drugs

Respondents with diagnosed or treated problems with alcohol or other drugs reported the highest level of both hospital ward and hospital emergency treatment in the last 6 months of all respondents with diagnosed illnesses.

Respondents living at no fixed address had the highest level of treatment in hospital wards (55%), followed by those in SRS/boarding house accommodation (49%). These two groups also had the highest level of treatment in hospital emergency departments, with 60% of those at no fixed address and 49% in SRS/boarding house accommodation reporting having been in a hospital emergency department in the last 6 months.

"Ask me that when my health and housing are a lot better"

Illicit drug using and social disconnection

Respondents who reported taking illicit drugs in the last 4 weeks (120 people or 16.3% of respondents) were more likely to:

- ♦ sometimes not feel wanted around (34% compared to 26%)
- ♦ be scared of their neighbourhood (21% compared to 14%)
- ♦ not know anyone they can really talk to (28% compared to 16%) or have someone close by who can help if needed (34% to 26%)

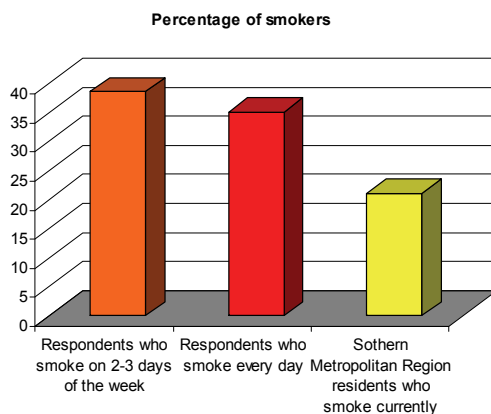
and less likely to:

- ♦ feel comfortable with their family (53% compared to 70%)
- ♦ trust their friends (50% compared to 71%)
- ♦ feel loved (65% compared to 71%)
- ♦ feel safe in the place they live (67% compared to 82%).

Still smoking

Of total survey respondents 258 (35.1%) reported smoking every day.

- ♦ ATSI respondents and those in the 20–59 age group were more likely to be every day smokers than the total survey population
- ♦ those with poor health ratings and men were more likely to be every day smokers
- ♦ those with excellent health and those over 80 were least likely to be smokers. Smokers were more likely to report that their housing did not meet their needs and worries about the cost and security of their housing. They were less likely to report feeling comfortable where they lived. Respondents living in SRS/boarder houses were more likely to be smokers, as are those living in group housing and those of no fixed address.



The incidence of emphysema and asthma is much higher in the smoking population, as are problems with alcohol and drugs. Hearing loss and vision loss are somewhat higher, and depression and anxiety are somewhat higher. Smokers were more likely to have been treated in a hospital emergency department in the last 12 months than non-smokers.

What are we going to do with what we have heard from our clients?

These structured conversations with our clients are an enormously important resource for the ISCHS. We will use the survey findings:

- ♦ to inform our strategic planning and help us formulate our future directions as an agency and in our local partnerships
- ♦ to assist us in reflecting on our programs and services and to make changes to them so they better recognise the strengths of our clients and the health and broader wellbeing challenges they are facing
- ♦ as an advocacy resource that raises the issues for people experiencing the greatest health inequalities.

