

PART IV:

**COMMUNITY  
PERSPECTIVES**

## **Part IV: Community Perspectives**

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The MOH required DHBs to engage with the community as part of the Health Needs Assessment process. The Auckland DHB ran a series of focus group sessions with key informants from the community in order to obtain valuable information for inclusion in the assessment, and to meet MOH requirements.

This section of the report profiles the community engagement process undertaken and presents the results of that process. The aim, objectives and methodology for obtaining community perspectives on health need are outlined. A summary table of results is presented for each focus group, under a series of subject headings. The main themes, or concerns that arose from engagement with the community are also presented.

### **Aim of Community Engagement for the Health Needs Assessment**

The aim was to ensure that the health needs and aspirations of Auckland DHB communities of interest were reflected in the Auckland DHB's health needs assessment and that the report included an analysis of community perceived service gaps, health need and service priorities and health service access issues.

Obtaining community input into the health needs assessment has been the first step in a wider consultation process that will involve engaging directly with the community on the strategic plan. The engagement undertaken to date has provided not only community perspectives on health need, but also important community perspectives on prioritisation of health need and valuable information for the strategic planning process.

### **Objectives of Community Engagement for the Health Needs Assessment**

The main objectives of the community engagement were as follows:

- ❑ To provide an opportunity for 'key informants' in the community to become informed about the structure of the health system under the NZPHD Act 2000, and the upcoming elections;
- ❑ To ensure that the Auckland DHB exercised its Treaty of Waitangi responsibilities by ensuring that Maori were involved in the various stages of planning, public engagement, analysis and decision making;
- ❑ To gauge how key informants of various communities would rank the thirteen population health objectives outlined in the NZHS;
- ❑ To define the health needs and health need priorities of certain populations groups in the Auckland DHB;
- ❑ To better understand the barriers to health care faced by the various peoples of the Auckland DHB community;

- ❑ To obtain qualitative data in the form of community feedback to assist the Auckland DHB to understand unmet health need, health service gaps and psychosocial factors that are relevant to health care seeking behaviour;
- ❑ To assist in developing a public perception of the Auckland DHB as a trustworthy, transparent and credible organization;
- ❑ To obtain feed back that could be used to inform the prioritisation process;
- ❑ To obtain feedback that could be used to inform the strategic planning process and plans for wider consultation with the community;
- ❑ To obtain qualitative data that ‘plugs’ existing information gaps.

## Methodology

There were a number of constraints to community engagement that had to be considered in determining both the extent and type of engagement undertaken by the Auckland DHB. A series of engagement options were considered including hosting a public meeting, undertaking a postal survey, face-to-face interviews etc. Once constraints and options had been evaluated, agreement was reached to undertake a series of focus group sessions.

The community that resides within the Auckland DHB zone is one of the most highly studied populations in the country. Local authorities regularly engage and consult with the community. There are a number of government departments and NGOs based in the central city that study in, or engage regularly with, the community. There are a number of tertiary facilities, such as the University of Auckland and the Auckland Technical Institute, based in the zone, with large research programmes. Market research companies in and around the city conduct regular surveys within the zone and the former RHAs and HFA researched and engaged with the local community on a number of occasions. As a result, there is a plethora of health information available that is specific to the Auckland DHB.

A decision was made by the Auckland DHB to target those population groups in the community whose needs were not particularly well researched or documented. This included high health need population groups for whom there was no quantitative data available, or population groups with high health needs of particular interest or importance to the Auckland DHB. The target populations finally selected for focus group sessions were:

Older adults;  
 Women;  
 Refugee peoples;

Asian peoples;  
People on low incomes;  
Young people.

Maori and Pacific people were not specifically targeted as a population group, although Maori and Pacific people did participate in various sessions. Local MaPO, Maori Health and the Pacific Health team at the Auckland DHB regularly engage with Maori and Pacific people in the community and their health needs have been documented.

Focus group participants were selected, and focus group sessions were hosted as follows:

#### Older Adults

A mix of people representing older adults in the community were invited to attend the session. This included older adults living independently in the community, disabled older adults, older adults residing in aged-care facilities and retirement villages. A total of eleven people attended the session, which was hosted on the 4<sup>th</sup> September, by the Wellesley Care Centre on Mt Eden Rd in Mt Eden.

#### Asian Peoples

The Asian peoples focus group was held on the 10<sup>th</sup> September and comprised of a mixture of thirteen local health and social service workers.

#### Refugee Peoples

A focus group session was held in the War Memorial Hall on Dominion Rd in Mt Eden on the 31<sup>st</sup> August. A number of community leaders and interpreters were originally invited to the session. A larger number of people attended the session. In total there were more than thirty people in attendance.

#### People on Lower Incomes

In order to obtain information about the health needs of people on lower incomes, staff of the Central Auckland People's Centre attended a focus group session on 11<sup>th</sup> September. The group included volunteer workers who live on low incomes, staff from the primary care service provided from the Centre, budget advisors etc. A total of seven people attended the session.

#### Young People

The Auckland City Council has a youth advisory group that includes members of the Youth Council. The Auckland DHB met the group on the 12<sup>th</sup> October to gain information on young people's health needs.

#### Women

A focus group that concentrated on the health needs of women in the Auckland DHB zone was organized by the Family Planning Association for the Auckland DHB. The session was hosted on the 11<sup>th</sup> September at the Family Planning Association's offices in New Market, Auckland. Participants included providers of health services, women from the community, women's interest groups and women's advocacy groups.

Each focus group took between two to three hours and included refreshments for participants. Sessions were attended by a designated facilitator and one or two support people representing the Auckland DHB.

The format for each session was very similar and included coverage of the following:

- Introduction and background to the session;
- Re-cap of what the Auckland DHB currently know about health need in the population of interest;
- Questions focussing on health need in the population of interest;
- Questions focussing on barriers to good health;
- Prioritisation of the health needs identified.

## Results

The following tables provide a summary of the results from the focus group sessions. A more comprehensive summary, with specific comments, is included in Appendix VI. Discussion on the major themes arising from engagement with these groups follows the summary tables below.

## FOCUS GROUP RESULTS

		Asian	Refugee	Low income	Women	Older	Young people
<b>Socio political environment. Backdrop</b>		<ul style="list-style-type: none"> <li>Barrier to communication key determinant</li> <li>Not understood as a group or the diversity within Asian</li> <li>Complete lack of information</li> </ul>	<ul style="list-style-type: none"> <li>Lack of money determines everything</li> <li>Complete barriers to communication</li> </ul>	<ul style="list-style-type: none"> <li>Capitalism effects health status</li> <li>Lack of employment</li> <li>Poor housing</li> <li>Higher risk of diseases of overcrowding</li> <li>Policy critical in determining health eg. Market rentals</li> <li>Low incomes susceptible to marketing eg TV /media unhealthy lifestyles</li> <li>Stress results from poverty and lack of resources</li> <li>Exposure to blame</li> <li>Not catered for in planning eg council and health</li> <li>Low skilled jobs have all gone</li> <li>Multigenerational poverty</li> </ul>	<ul style="list-style-type: none"> <li>Dramatic changes in young women's lifestyles</li> <li>Frustration at lack of response to new health approaches for women</li> <li>Don't wont focus on symptoms</li> <li>Governance structures don't include women</li> <li>Fragmentation of services</li> <li>Staff shortages and quality</li> <li>Women play important role as unpaid caregivers</li> <li>Sexism in access to services</li> <li>Women expect choice</li> <li>Financial barriers</li> <li>Environment, esp violence has big impact on health</li> <li>Concerns about PHOs</li> <li>Concerns about changes to maternity funding</li> <li>Refugee women invisible</li> <li>Older women experience ageism</li> </ul>	<ul style="list-style-type: none"> <li>Ageism from society and health</li> <li>families more fragmented</li> <li>Isolation</li> <li>Physical limits to access</li> <li>Fear present. Concern about \$ and health</li> <li>Uncertainty about rights</li> <li>Positives in ageing</li> <li>Communication /engagement paramount</li> <li>Poor nutrition common</li> </ul>	<ul style="list-style-type: none"> <li>Pressure to Perform</li> <li>No real trust of health system or professional</li> <li>No money</li> <li>Lack information</li> <li>Concern for environment GE foods&gt;Public toilets</li> </ul>
		Asian	Refugee	Low income	Women	Older	Young people

<b>Needs</b>	<b>Mental health</b>	<ul style="list-style-type: none"> <li>• More data collection required</li> <li>• Interpreting hard with MH information</li> <li>• MH stigmatised for Asian</li> <li>• More information about MH for Asian people</li> <li>• Social isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Early MH responses to refugees</li> <li>• Cultural brokers essential in services</li> <li>• MH must incorporate cultural and spiritual support</li> <li>• Need people from own culture trained to help</li> <li>• Counselling for trauma</li> <li>• Refugee specific counselling services</li> <li>• Multidisciplinary teams with cultural approach</li> <li>• Support for resettlement</li> <li>• Own refugee community involved in MH services</li> </ul>	<ul style="list-style-type: none"> <li>• Stress causes MH problems. Need for earlier support</li> <li>• Health professionals must understand the motivators to health</li> </ul>	<ul style="list-style-type: none"> <li>• More counselling esp Maori</li> <li>• Reduce violence</li> <li>• Work together to reduce social problems</li> <li>• Refugee women need counselling</li> <li>• Recognition of women as MH caregivers</li> <li>• Holistic approach to MH</li> <li>• Recognition of MH issues for women</li> <li>• Look at causes not symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Need more positive approach to ageing in society&gt;and ourselves</li> </ul>	<ul style="list-style-type: none"> <li>• Quality counselling</li> <li>• More therapy and support along side drugs</li> <li>• Follow up to drugs</li> </ul>
	<b>Education</b>	<ul style="list-style-type: none"> <li>• Information about services and how to access</li> <li>• Must have bicultural approach</li> <li>• Information/communication critical to service coordination</li> <li>• Infor prior to coming to NZ</li> <li>• Centralised system of information essential</li> <li>• More information about MH</li> </ul>	<ul style="list-style-type: none"> <li>• Need advocates in the health system and interpreters</li> <li>• GPs to respond to refugee conditions</li> </ul>	<ul style="list-style-type: none"> <li>• People need help with budgeting</li> <li>• Cooking right foods</li> <li>• Growing food</li> <li>• Professionals must understand approaches and motivators for people on low incomes</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of services available</li> <li>• Up to date information including alternatives</li> <li>• Info to make informed choices</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• More info on drugs and side effects</li> <li>• Info on range of services available</li> </ul>	<ul style="list-style-type: none"> <li>• Meningitis and other diseases</li> </ul>

	<b>Other</b>	<ul style="list-style-type: none"> <li>• Culturally appropriate care for elderly</li> <li>• Day support for older Asian</li> <li>• Transport major problem for older people</li> <li>• Links between agencies (Immig. Health, Educ)</li> <li>• WINZ need to promote entitlements</li> <li>• WINZ need to train staff to work with Asian</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Information about entitlements from govt agencies</li> <li>• Free transport to services.</li> <li>• More assistance from WINZ like special benefits</li> <li>• Health clinic for refugees</li> </ul>	<ul style="list-style-type: none"> <li>• Free access to all primary care</li> <li>• Especially for children</li> </ul>	<ul style="list-style-type: none"> <li>• Health active in preventing family violence</li> <li>• Physical and emotional help following a birth</li> <li>• Family friendly hospitals</li> <li>• Greater recognition as carers esp within MH</li> <li>• women involved in policy discussions and planning</li> <li>• Coordination of services</li> </ul>	<ul style="list-style-type: none"> <li>• Support post hospital discharge</li> <li>• Better public transport systems and access</li> </ul>	
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		Asian	Refugee	Low income	Women	Older	Young people
<b>Preferred approaches/ strategies</b>		<ul style="list-style-type: none"> <li>• Bicultural</li> <li>• Information based</li> <li>• Centralised info system</li> <li>• Health education</li> <li>• Mainstream but collaboration with Asian community</li> <li>• Asian health model (Waitemata) expanded</li> <li>• Asian want to help themselves. Health is 2 way responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural understanding and language skills imperative</li> <li>• Refugees want training to participate in delivery</li> <li>• Information based approaches. (Assertive dissemination)</li> <li>• Selected govt agencies co-operating on projects</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Approaches that address real causes of problems</li> <li>• Address realities of life in poverty</li> <li>• Recognize key influences</li> <li>• And motivators</li> <li>• Services must be free</li> <li>• Blame free approach</li> <li>• Country should pay more in tax</li> <li>• Invest in child health to break cycle</li> <li>• Work with education on this</li> </ul>	<ul style="list-style-type: none"> <li>• Long term approach</li> <li>• Holistic health</li> <li>• Choice</li> <li>• Family friendly</li> <li>• Alternative medicines</li> <li>• Gender analyze integrated in planning</li> <li>• Participation at all levels</li> <li>• Infor on services and rights</li> <li>• Research supported for alternatives</li> <li>• Focus on total needs of population</li> </ul>	<ul style="list-style-type: none"> <li>• Health that <u>connects</u> with patient</li> <li>• Engagement with whole person</li> <li>• Coordinated treatments</li> <li>• Keep people informed about health and treatments ie don't over professionalise</li> <li>• Alternative therapies offered</li> <li>• Preventative practices</li> <li>• Confidence in accessing services post retirement</li> <li>• Remove ageism</li> <li>• Raise awareness of positives of ageing</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency</li> <li>• Alternative therapies</li> <li>• Holistic</li> <li>• Focus on prevention</li> <li>• Longer term focus</li> <li>• Fund the services not corporate</li> <li>• Avoid commercial model</li> </ul>

		Asian	Refugee	Low income	Women	Older	Young people
<b>Services indicated</b>	<b>Service expansions</b>	<ul style="list-style-type: none"> <li>• More health education about specific diseases</li> <li>• Translated information about services</li> <li>• Info/communication aimed at service coordination</li> <li>• Asian Health model (Waitemata) expanded</li> <li>• Additional interpreters esp Korean</li> <li>• Free interpreter services</li> </ul>	<ul style="list-style-type: none"> <li>• Gp do house calls to those without transport</li> <li>• More social workers from refugee backgrounds</li> <li>• Refugee specific MH services</li> <li>• Ongoing support for resettlement especially those recovering from trauma and stress</li> <li>• Have refugee communities trained to provide MH and support services</li> <li>• More help from WINZ &gt;special benefits</li> <li>• Improve waiting lists to reduce A+E use</li> <li>• More Plunket services for new mothers&gt;and follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• GP consults must be free</li> <li>• Prescriptions free of part payment</li> <li>• All primary care free for children</li> <li>• More community health workers</li> <li>• Get refugee workers involved in their communities</li> <li>• Increase mental health services to refugee people and low income</li> </ul>	<ul style="list-style-type: none"> <li>• Action on earlier RHA work</li> <li>• Training for community care workers</li> <li>• More promotion of services available</li> <li>• Increase health education</li> <li>• Improvements in cervical cancer approaches</li> <li>• Breast screening and follow up for older women</li> <li>• Plunket expand to help with maternal MH</li> <li>• Increased choices in maternity care</li> <li>• Improve post natal care</li> <li>• More equitable access to home help by women</li> <li>• Get more nurse practitioners and alternative therapies</li> <li>• Family Planning counselling for under 20</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure access to quality housing</li> <li>• Health education for younger people</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• health promotion</li> <li>• Family Planning Counselling</li> <li>• Public health nurses</li> </ul>

	<b>Services: new</b>	<ul style="list-style-type: none"> <li>• Involve Asians in health services</li> <li>• Project staff to form collaborations with community</li> <li>• Day care for elderly Asian</li> <li>• Culturally appropriate rest home or village</li> <li>• Links with other key govt agencies established</li> <li>• Centralised information system in the different languages</li> <li>• Free access to adequate number of interpreters</li> <li>• Information about MH for Asian</li> <li>• More data collection on Asian MH</li> <li>• Helpline for Asian people&gt;links to information</li> <li>• Train volunteers to participate in ADHB (like Waitemata model)</li> </ul>	<ul style="list-style-type: none"> <li>• GPs trained to work with refugee and identify conditions promptly</li> <li>• Train our people to provide range of care</li> <li>• Interpreters in schools for new children</li> <li>• Advocates in the system &gt;cultural brokers</li> <li>• Free interpreters for all primary care</li> <li>• Refugee specialist doctors</li> <li>• WINZ special benefits eg oral health</li> <li>• Free transport to services or house calls</li> <li>• Circumcision available in public hospital</li> <li>• Free fertility treatment and extended to older age</li> <li>• Health clinic for refugees&gt;One stop shop</li> <li>• Procedures at A+E for malaria and other refugee diseases</li> <li>• Free oral health for refugee</li> <li>• Older refugee services&gt;geriatric</li> </ul>	<ul style="list-style-type: none"> <li>• Free mobile health clinics</li> <li>• Prevention MH services for high risk people (refugee and Low income)</li> <li>• Practical assistance in cooking</li> <li>• Council to plant fruit trees</li> <li>• Housing NZ to put soil around the section and help people start gardens</li> <li>• Ensure children can play sport without cost of levies</li> <li>• Provide budgeting for refugees</li> </ul>	<ul style="list-style-type: none"> <li>• Free services for young women in their own environments</li> <li>• Clearing house for information</li> <li>• War around service for MH</li> <li>• Undertake gender analysis .integral to planning</li> <li>• Larger providers train smaller ones</li> <li>• Hospital based screening (response units) for family violence</li> <li>• Separate wards for men and women</li> <li>• GPs etc trained to detect violence</li> <li>• MH services for women who have been abused</li> <li>• Govt and NGO collaboration on violence</li> <li>• Eating disorder services</li> <li>• Second trimester abortion service</li> <li>• Mother and bay unit</li> <li>• Home help and counselling services for new mothers</li> <li>• New mothers need free access to health care</li> <li>• Interpreters in primary care for refugee and other</li> </ul>	<ul style="list-style-type: none"> <li>• Bans on TV adverts of pharms</li> <li>• Create card with health info for people to use</li> <li>• Wellness centre for older grp</li> <li>• Fund alternative therapies</li> <li>• Programmes where older people can exchange support for their expertise</li> <li>• Field officer in the community</li> <li>• Free checks ups at 70</li> </ul>	<ul style="list-style-type: none"> <li>• Therapies for moderate MH problems</li> <li>• Longer GP consultation</li> <li>• Train GP in alternatives</li> </ul>
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	<b>Services: quality</b>	<ul style="list-style-type: none"> <li>• Asian staff in needs assessment team for older peoples services</li> <li>• Improve sharing of information</li> <li>• Ensure people understand the health service</li> <li>• Coordinate approaches</li> <li>• Involvement of bilingual staff with multiple roles essential to quality</li> </ul>	<ul style="list-style-type: none"> <li>• Refugee specialist doctors</li> <li>• Interpreters</li> <li>• Cultural brokers</li> <li>• House calls</li> <li>• Better integration of primary and secondary services</li> <li>• WINZ more proactive in helping people</li> </ul>	<ul style="list-style-type: none"> <li>• Involve refugees in their own community</li> <li>• Ensure all refugees get told about health status after screening</li> <li>• Follow up refugee people after screening</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Women’s health services integrated</li> <li>• Hospitals provide training for smaller providers</li> <li>• Women participate in planning</li> <li>• PHO need to include women in governance structures</li> <li>• Get more up to date information for women on services and choices</li> <li>• Hospital forms made user friendly</li> <li>• Youth services ‘youth-friendly’</li> <li>• Women need to choose when to leave hospital after a birth</li> <li>• Improve post natal care</li> <li>• Family friendly hospitals</li> <li>• MH service more responsive to refugee women</li> <li>• GPs trained to work with older women</li> <li>• Involve older women’s health in policy</li> <li>• Improve coordination of care for older women</li> <li>• Communication btwn professionals and families in MH</li> </ul>	<ul style="list-style-type: none"> <li>• Training for home help carers</li> <li>• GPs to take time and connect</li> <li>• Remove ageism</li> <li>• Raise awareness of positives of ageing</li> <li>• Cut down on forms and duplication.(impersonal)</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring use of Ritalin and Prozac for C+Y</li> <li>• Nurse practice is variable</li> <li>• Free and early help in oral health</li> <li>• Hospital service provision equitable (to all people)</li> </ul>
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## Discussion

The Auckland DHB population is best understood as a set of distinct communities of interest and each community of interest appears to want their identity and realities to be heard and understood (recognition/validation).

In general, attendees were well informed about the health sector and the issues the Auckland DHB were facing. This understanding was reflected in the quality of responses to questions. There was an emphasis on changing existing services, rather than pleas for more services. There was also an emphasis on quality issues and the need to circulate, or communicate information about services. There were also some service issues and gaps that attendees felt needed immediate attention, especially in the area of mental health and primary care.

The major themes arising from the focus group sessions have been identified as follows:

- ❑ By understanding the socio-political environment, or context, in which people exist it is possible to better understand some of the root causes of health need and health care seeking behaviour;
- ❑ Health system communication was expressed as a core concern for Asian peoples, Refugee peoples, older adults and young people. Specific concerns that were raised included the need to provide information to the community about the services that are available, service access and entitlements, how the health system actually works etc;
- ❑ There was a big concern raised about present and future medical expenses;
- ❑ The way/strategy to improve health was different for each group eg Asian peoples seemed happy with the mainstream system but wanted information about how to access services. People on low incomes, women, older adults and young people wanted new approaches - expansions (more alternative therapies for older adults) or complete transformations (people on low incomes wanted a transformed health system based on a social justice model);
- ❑ To some extent, all groups wanted to participate in health service delivery ie to actively provide for themselves and their communities;
- ❑ Mental health was understood in very broad terms as including emotional well-being and freedom from stress;
- ❑ Significant gaps were identified in meeting mental health needs and more importantly addressing primary causes of distress. Mental health issues were a major concern in the community;
- ❑ Considerable feedback on primary care was received, especially the need to establish

approaches that ensure earlier and more flexible responses to all health concerns (including mental health). Access to affordable primary care was a common theme and lack of transport was a major barrier to accessing services;

- ❑ Required responses to health needs included a number of quality improvement activities around the training of health professionals, better communication from services, calls for greater cultural sensitivity and more culturally appropriate services, more monitoring and follow-up;
- ❑ There were calls for the health sector to work more collaboratively with other sectors;
- ❑ More coordinated care was requested by most groups and one-stop shops were popular with Asian peoples, young people and refugee peoples;
- ❑ There were calls for the provision of alternative medicines and related therapies;
- ❑ More holistic approaches to health were requested – approaches that incorporate cultural and spiritual dimensions;
- ❑ A long term focus on health was requested;
- ❑ Finally, people in the community were tired of being consulted – they wanted to see action.