THE HEALTHY COMMUNITIES FOUNDATION AUSTRALIA

Strategy 2023-28

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Dhayn ngiyani winangaylanha Australia-ga ganunga-waanda yanaylanha, dhaymaarr ganugu-waanda nhama ngarrangarranmaldanhi.

We respect Aboriginal peoples as the First Peoples and custodians of Australia.

HEALTH ACCESS Community Care | HEALTH ACCESS Home Care | HEALTH ACCESS Mobile Care | HEALTH ACCESS Mind Care | HEALTH ACCESS Virtual Care | HEALTH ACCESS Integrated Care

Welcome

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Thank you for reading the 2023-28 Healthy Communities Foundation Australia (Foundation) Strategy.

Everyone agrees with the principle that all people should have good access to healthcare. From the day we are born, access to healthcare has the potential to give everyone an equal opportunity for a full life and the capacity to pursue their dreams. We take it for granted that we will have access to quality health care when we are ill or injured. Australia is unique in the world for providing near-universal access to primary healthcare for people living in major urban centres. But how do we move forward to achieve equity for those who are still missing out - people who live long distances from major population centres; the elderly; LGBTQI+ people; people with mental health concerns; and people with chronic diseases?

This is a question the Foundation has been working to address as a charity for more than 20 years. Over that time we have listened to people with lived experience of disadvantage and inequity to learn from them about their needs, and the factors that influence health across their life-course.

We have refined this 'ground-up' approach to health planning in what we term 'community development for health' - an approach to community engagement that can be applied in any location, or to any group, experiencing disadvantage.

Our goal is to help communities become active participants in the co-design and delivery of local solutions to address the drivers of illness and injury, and to configure models of care that are more responsive to their needs.

Today the Foundation provides improved access to care for around 500,000 people in Australia. This 5-year Strategy outlines a plan to further invest in innovation, and work with our stakeholders, to transform the way we engage with people who have lived experience of disadvantage to address the unmet needs of communities around Australia.

In doing so, we aim to cultivate a society that demonstrably values the sanctity of all life, and the dignity of every human being, by making access to healthcare the cornerstone upon which flourishing communities are built.

We look forward to receiving any feedback on our Strategy, and to working together to achieve our vision of 'health for all'

.

Richard Anicich, AM
Chair

Mark Burdack
CEO

Quick Facts

Foundation	Category	Pop.
16.1%	Aboriginal Staff	3.4%
90%	Rural & Regional Staff	30.7%
80.6%	Women Employees	62.5%
66%	Women in Leadership	32.5%
42.8%	Women on Board	28.7% (ASX)
66%	Work Remotely	29%

Reach

~500,000 people

History

The Foundation was established as a charity by rural and remote people in 2001 to support those who struggled to access appropriate, high quality, health care locally.

Over this period, we have successfully helped 17 communities by managing local health clinics and sustaining health care services - impacting the lives of over 50,000 people.

But over our 20 years living and working in rural and remote communities, we learned the limits of traditional models of health care delivery.

As an organisation, we realised we had a choice: stand at the bottom of the cliff, waiting for the most vulnerable in our community to fall, and then rush to fix them; or take a proactive approach to prevent them from falling in the first place.

We value the critical role played in the care of our communities by doctors, nurses and health professionals. But it was clear that delivering high quality health care would never be enough to prevent illness and injury.

To reduce the incalculable suffering and loss experienced by some of the most disadvantaged in communities in Australia, we needed to change.

This required us to turn outward to local teachers, educators, social workers, housing officers, researchers, lawyers, financial counsellors, town planners and the community itself.

In 2019 we embarked on a new approach we call 'Community Development for Health'. While continuing to support disadvantaged communities through our traditional models of health care, we reached out for help from local schools, Aboriginal community organisations, academics, justice sector professionals and others.

We formed alliances with Australia's leading researchers and universities to better understand what was driving the burden of disease in our communities, and to translate this data and research into practice.

We built new programs to target those at highest risk of disease over their life-course - mental health, developmental disorders, oral health, diabetes.

We engaged with technology to explore how to enhance and extend relevant services, not replace them.

We honour all those that have helped us to step up when our communities needed us the most. We will continue to honour their support and guidance as we work to strengthen community capacity and resilience, undo the burden of disease and free people from a life of disadvantage.

Alice Springs, NT

Issue
Loss of primary health care services due to rural GP shortages leading to unsustainable growth in avoidable hospitalisations.

Solution
Facilitated engagement with community members and stakeholders across the primary health, hospital, education and social welfare sectors to explore the social determinants of health, the access needs of the community and develop recommendations for community and stakeholder action to make the health system more resilient.

Purpose

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Transform the way health care and community services are delivered in partnership with communities by advocating for policy change and mobilising resources to target diseases of disadvantage and achieve equitable access to health care.

OUR 5-YEAR OBJECTIVES 2023-2028

1. Work with disadvantaged communities to help them to create places and contexts in which people can be healthy and thrive.
2. Foster ethical, equitable, innovative, integrated and collaborative health and community care solutions using new approaches and technology to improve outcomes for disadvantaged communities.
3. Build research and policy alliances to explore and promote best practice in building healthy and prosperous disadvantaged communities.
4. Advocate with disadvantaged communities for health, social, economic and environmental equity.
5. Continuously improve our financial sustainability, effectively manage risk, measure impact and become an innovation leader in employment flexibility, while minimising our environmental footprint, to ensure that we can continue to serve disadvantaged communities and the planet on which we live.

Values

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we care & listen

we act with integrity

we value diversity

we are agile & innovative

we are stronger together

we are courageous & do what is right

Gippsland Victoria

Issue
Ensuring community members have timely access to informed and collaborative general practice services after business hours.

Solution
The Foundation worked with the Gippsland Primary Health Network to design a GP-led after-hours service that would be embraced by the local community and clinicians.

As one of the largest NGO providers of GP-led Telehealth services in rural and remote Australia, the Foundation has seen the impact of poorly coordinated roll-outs of virtual care models that are not done in consultation with clinicians and communities, or aligned to their needs.

Using our extensive experience in successfully introducing Telehealth services that achieve a community and clinician satisfaction score in excess of 90%, we worked with local clinicians, communities and the PHN to design a roll-out program to build the service as a key part of the region's primary health care ecosystem.

Lifecycle Approach

Rural & remote children have the best possible start in life.

Rural & remote young people get the knowledge and skills they need to realise their potential and live a healthy life.

Rural & remote people can easily access help and care locally when they need it.

Rural & remote people with special needs can participate in the social and economic life of the community to achieve their full potential.

Rural & remote communities are safe and inclusive places to live and work, and provide the social and economic opportunities people need to live well and raise the next generation.

Eyre Peninsula South Australia

Issue
Multiple small remote towns in a region struggling to attract doctors and health staff to maintain primary health care services.

Solution
The Eyre Peninsula in South Australia is characterised by very small and highly productive farming and fishing villages, dispersed over a wide geographic area. The region experiences high relative rates of chronic disease. Some towns have high proportions of Aboriginal people.

Traditional models of community-run medical services led to unnecessary competition for workforce in a tight labour market. The Foundation consulted with the Northern Eyre Peninsula Health Alliance, local councils and communities to co-design a sustainable model that would match workforce and services to the needs of individual communities.

This led to the Foundation preparing a grant application for the Alliance for funding to establish a network model, with the LHN committing to collaborate in recruitment and team-based care.

Priorities

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The Foundation has identified priority cohorts based on:
(1) need; and (2) opportunity for impact.

Criteria

We have used the following criteria to identify the cohorts and issues:

Clustering of health, social and economic problems around people experiencing disadvantage.

A high volume / intensity of need for health and social services.

Opportunity /potential impact through integrated people centred care for learning & policy reform.

Cohorts

There is a high prevelance of babies born with a low birth weight and neurodevelopmental disorders in rural and remote towns.

Aboriginal people living in very remote communities live 13 years less than people in Major Cities. Aboriginal people are more likely to have multiple chronic diseases.

Young males in rural and remote Australia are more likely to take their own life compared to people in cities. Some types of mental health conditions are more prevalent in rural and remote towns.

Older people are less likely to have access to residential age care in their local community, a GP/Primary Health Team or access to MyAged Care Services.

LGBTIQA+ people are up to 9 times more likely to die by suicide compared to non-LGBTIQA+ people.

Mental and physical harm from domestic violence against women is more prevalent in rural and remote towns.

Domains

Principles

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Community-led

We work to support you and your community on your journey and provide advice to help you to get to where you want to go. We call this way of working with you community-led development. Essentially, your community leads and we assist you.

People Centred

We are committed to the human rights of all people. We celebrate diversity, promote inclusion and encourage participation of individuals and the community in all aspects of their community's health and wellbeing.

Needs Based

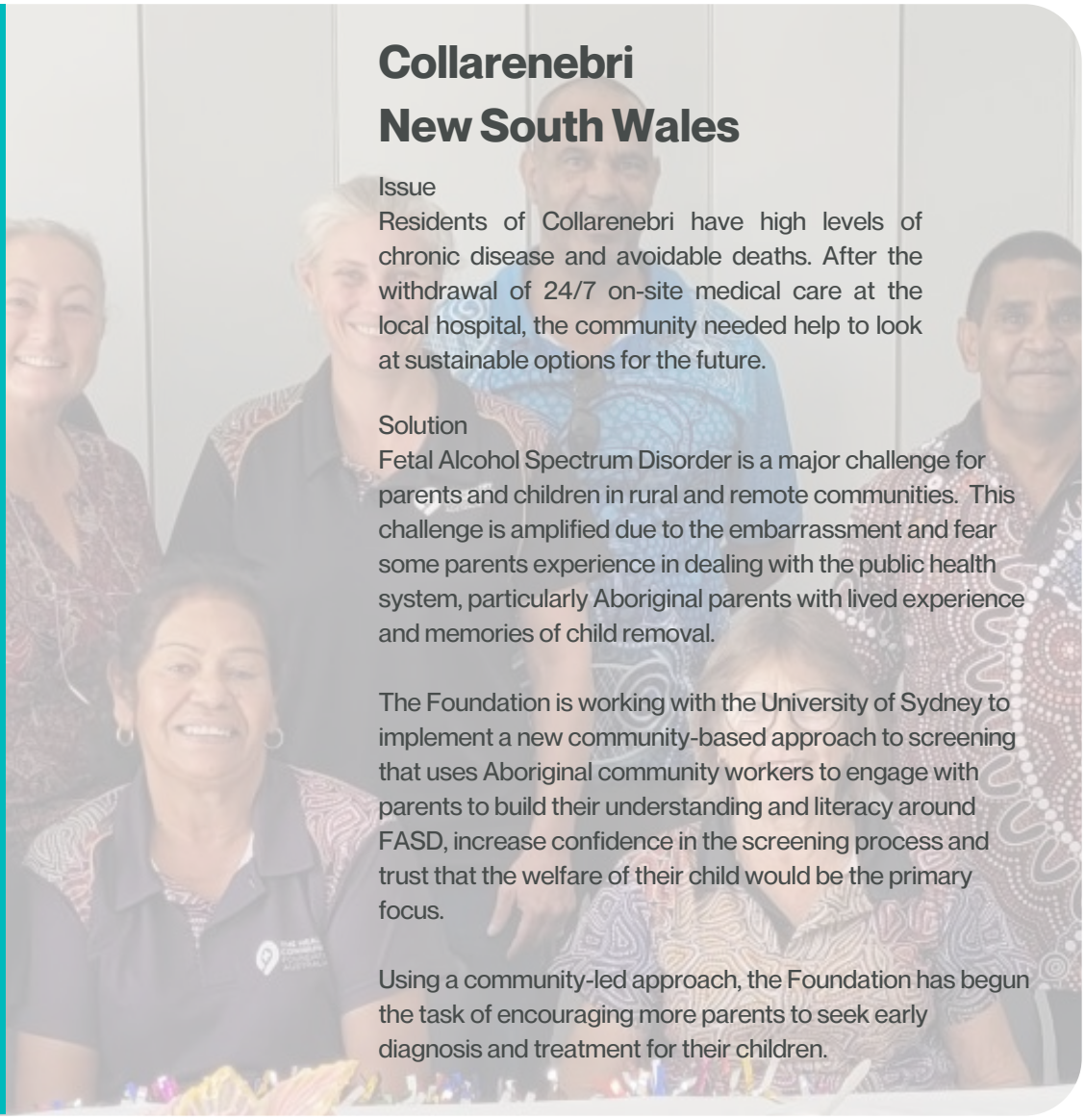
We understand that every community is different, so we treat each community as unique and work together to address the specific needs and circumstances of a place. We respect the community as experts and active participants in development and the implementation of programs.

Strengths Based

We focus on the strengths of a community, and the people who make up the community, including personal strengths and social and community networks - not on their deficits. Strengths-based practice is holistic and multidisciplinary, and works with individuals and communities to promote equity and opportunity.

Evidence Based

Our advocacy and professional practice is grounded in the evidence of how to communities can improve their health and well-being, and we pride ourselves on being an informed and reliable source of best practice.



Collarenebri
New South Wales

Issue

Residents of Collarenebri have high levels of chronic disease and avoidable deaths. After the withdrawal of 24/7 on-site medical care at the local hospital, the community needed help to look at sustainable options for the future.

Solution

Fetal Alcohol Spectrum Disorder is a major challenge for parents and children in rural and remote communities. This challenge is amplified due to the embarrassment and fear some parents experience in dealing with the public health system, particularly Aboriginal parents with lived experience and memories of child removal.

The Foundation is working with the University of Sydney to implement a new community-based approach to screening that uses Aboriginal community workers to engage with parents to build their understanding and literacy around FASD, increase confidence in the screening process and trust that the welfare of their child would be the primary focus.

Using a community-led approach, the Foundation has begun the task of encouraging more parents to seek early diagnosis and treatment for their children.

Rural & Remote LGBTQI+ Youth

Issue

Reduce fragmentation of health care for LGBTQI+ young people in rural and remote communities.

Solution

Being a lesbian, gay, bisexual, transgender, Intersex or queer person in a rural and remote community can be difficult for many.reasons.

This sometimes leads to LGBTQI+ people seeking healthcare from multiple places which can contribute to poorer health outcomes.

The Foundation is leading a consultation project with LGBTQI+ people to better understand their health needs and priorities, and to co-design a model of care that increases confidence and improves health outcomes.

Theory of Change

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Some people are stuck in a state of intergenerational and geographic disadvantage by complex, intersecting health, social, economic and environmental challenges.

Fragmented and siloed service delivery struggles to fully address this complexity of these challenges, and limit effective, integrated and people-centred responses in the way they currently operate.

We can move towards more effective responses to complex and intersecting problems by:

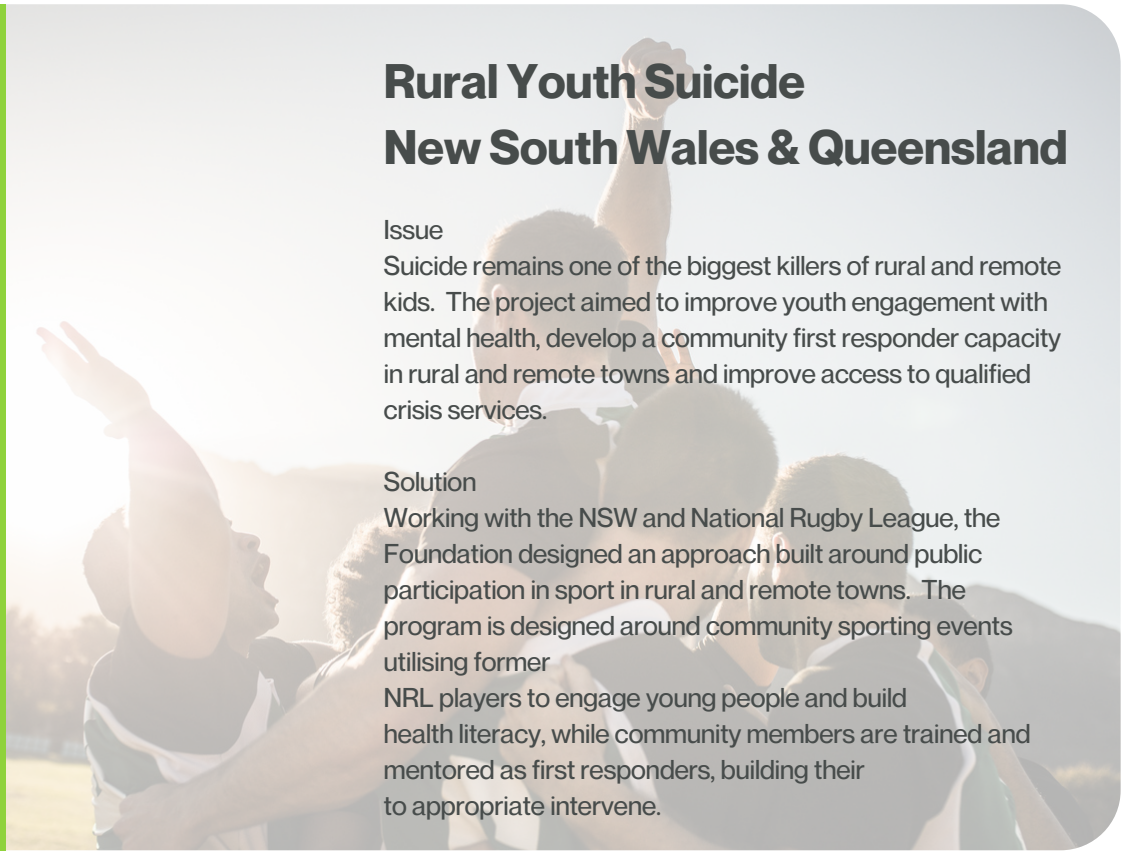
- conducting research with communities to build the evidence about how to best to address local needs
- encouraging and facilitating more join-up, integrated and multidisciplinary service models that reflect place-based needs.
- collaborating with those designing, working in and accessing health, community, social justice and planning services to effect change in the way they design and deliver programs for disadvantaged communities.

The Robert Wood Johnson Foundation estimates that only 20 percent of health outcomes can be attributed to access to health and medical care. The social determinants of health account for the other 80 percent, including socioeconomic factors (40 percent), environmental (10 percent), and behaviours (30 percent).

The biomedical model of health has led to spiralling rates of chronic disease, and unsustainable increases in the cost of hospitals and acute care. Yet we know that supporting people and communities to stay healthy is cheaper, more effective and leads to longer and more productive lives.

But this requires new ways of thinking about health, and what is driving poor health. Instead of clinicians and hospitals deciding our healthcare, we need local communities to engage in building health literacy, planning for their own health futures and encouraging changes in behaviour and places that lead to better health across the lifecycle.

The Foundation works with local communities, governments, businesses and civil society organisations to empower communities with knowledge and skills, and facilitate partnerships to change the way we think about health, and ensure health for all.



Rural Youth Suicide
New South Wales & Queensland

Issue
Suicide remains one of the biggest killers of rural and remote kids. The project aimed to improve youth engagement with mental health, develop a community first responder capacity in rural and remote towns and improve access to qualified crisis services.

Solution
Working with the NSW and National Rugby League, the Foundation designed an approach built around public participation in sport in rural and remote towns. The program is designed around community sporting events utilising former
NRL players to engage young people and build health literacy, while community members are trained and mentored as first responders, building their to appropriate intervene.

Neurodiversity in Children Australia

Issue
Encourage more parents to seek screening for Fetal Alcohol Spectrum Disorder (FASD).

Solution
Fetal Alcohol Spectrum Disorder is a major challenge for parents and children in rural and remote communities. This challenge is amplified due to the embarrassment and fear some parents experience in dealing with the public health system, particularly Aboriginal parents with lived experience and memories of child removal.

The Foundation is working with the University of Sydney to implement a new community-based approach to screening that uses Aboriginal community workers to engage with parents to build their understanding and literacy around FASD, increase confidence in the screening process and trust that the welfare of their child would be the primary focus.

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Service Design

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Integrated People-Centred Health (IPCHS)

Murrumbidgee Region New South Wales

Issue

Improve access to care in 33 towns many of which lack a permanent GP, help local GPs enjoy a better work/life balance, improve the management of hospital patient-flow and reduce avoidable transfers and hospitalisations.

Solution

The Foundation had witnessed numerous examples of how the enthusiasm for Telehealth had led to systems that lacked critical community understanding, and clinical support, in rural and remote towns. We set about designing a model with the community and clinicians that was not built to replace local GPs, but rather to make it more attractive for GPs to work rurally by addressing the determinants of departure. The new service was introduced in Murrumbidgee in a collaboration with the Local Health District achieving >90% consumer and clinician satisfaction.

Residential Aged Care Australia

Issue

Dramatic decline in the number of GPs providing on-site services to residents of residential aged care facilities

Solution

The Foundation re-imagined aged primary health care delivery to enable rural and remote people to remain in their communities, and close to family and friends, during their later life.

Working with RACF, residents and clinicians, we designed and trialled a number of new approaches with RACF providers and residents and sought feedback using an iterative design approach to refine the model to what we deliver today.

A hybrid model of on-site clinical care provided by local remote Nurse Practitioners supported by virtual clinicians has made access to care once again acccesible to some of the most vulnerable Australians.

Community Engagement

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Community Development for Health (CDH)

STEP 1
Ask community members what they think are the biggest challenges

STEP 2
Talk about community strengths and assets that can help to solve the challenges.

STEP 3
Undertake some research (literature, local surveys etc) to figure out what the community wants to do.

STEP 4
Identify the things that are barriers to positive action where the community could use some outside help.

STEP 5
Write up a plan with actions, responsibilities, timeframes etc and set up governance.

Approach

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Empowering & engaging people	Strengthening governance & accountability	Reorienting models of care	Coordinating services within & across sectors	Creating an enabling environment
Engage community as leaders in health planning & design	Advocate for and with rural, remote Aboriginal and other marginalised groups to get a seat at the table in health policy and design	Community-based health and social needs assessments	Integrate and co-locate health and social services in disadvantaged communities	Undertake research to build supporting policy frameworks
Build health literacy through education	Promote the right to health and Health for All (Universal Health Coverage) in all our communications	Alignment of services to needs	Establish robust referral and counter-referral systems	Work with government to establish supporting policy and funding frameworks
Share clinical decision-making with patients	Continue to survey community, staff, patients and clinicians regarding their satisfaction	Deliver culturally safe care	Adopt a person-centred case management approach	Build a workplace culture that empowers staff to respond to community needs and provides the flexibility to support a positive work/life balance
Build a community and peer support network for mental health	Maintain robust whistleblower and complaints policies	Implement multidisciplinary team-based care	Prepare for health crises using recognised risk planning and business continuity methods	Continous training and development of staff
Promote health equity in everything we do	Publicly report on clear performance outcome goals	Facilitate patient owned shared electronic health records		Focus on quality and improvement
Acknowledge that disadvantage is multi-factorial and extends beyond geography to include gender, sexuality, age, race, institutional care, disability and other factors and work with marginalised groups to identify priorities and solutions that reflect their needs	Maintain an independent & informed clinical governance system	Ensure the appropriate application of technology based on health need		Advocate for bundled payments that are built around individual and community needs, and which enable a capacity to address social determinants
Expand access to primary health care		Introduce a lifecycle based approach to health and wellness planning with patients		Advance environmental equity

Development Pathway

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We have set short- and long-term priorities for specific cohorts based on need and opportunity for impact.

Years 1 - 23 2001-2023

Our focus over the first 22 years was to establish an evidence base for the shift away from 'continuity of medical practitioner' to 'continuity of care team' as a model for sustainable, high quality care in rural, remote and disadvantaged communities, while building our understanding of the partnership landscape and the foundations for impact.

Years 5 - 10 2023-2028

Over the next five years, our focus will be on piloting flexible health and social care teams that can adapt to the variable nature of need in rural, remote and disadvantaged communities. This will be achieved by supporting at least 2 community-based pilot sites from our own resources to showcase and test existing knowledge about people-centred integrated care, and generate new knowledge, bringing together community, practice and research actors to strengthen the evidence base for what works. We will also ramp up our systems influence work.

Years 10+ 2028 -

Following the end of this planning cycle, our goal is to transition into an ongoing community-led, knowledge creation hub or clearinghouse to shape rural health and development system reform from a community perspective and promote continuous improvement in service quality and access.

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Contact

Healthy Communities Foundation Australia Ltd
11 Wilson Street
COLLARENEBRI NSW 2833

www.thcfa.org.au
info@thcfa.org.au
rural_remote