



STRATEGIC PLAN

2023-2028





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.

Welcome

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 Northern Territory

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.



OUR VISION

Health for All



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



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



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



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.



OUR PURPOSE

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 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



we care & listen



we act with integrity



we support diversity



we are agile & innovative



we work together



we are courageous & do what's 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.



PRINCIPLES



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 BASED

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.



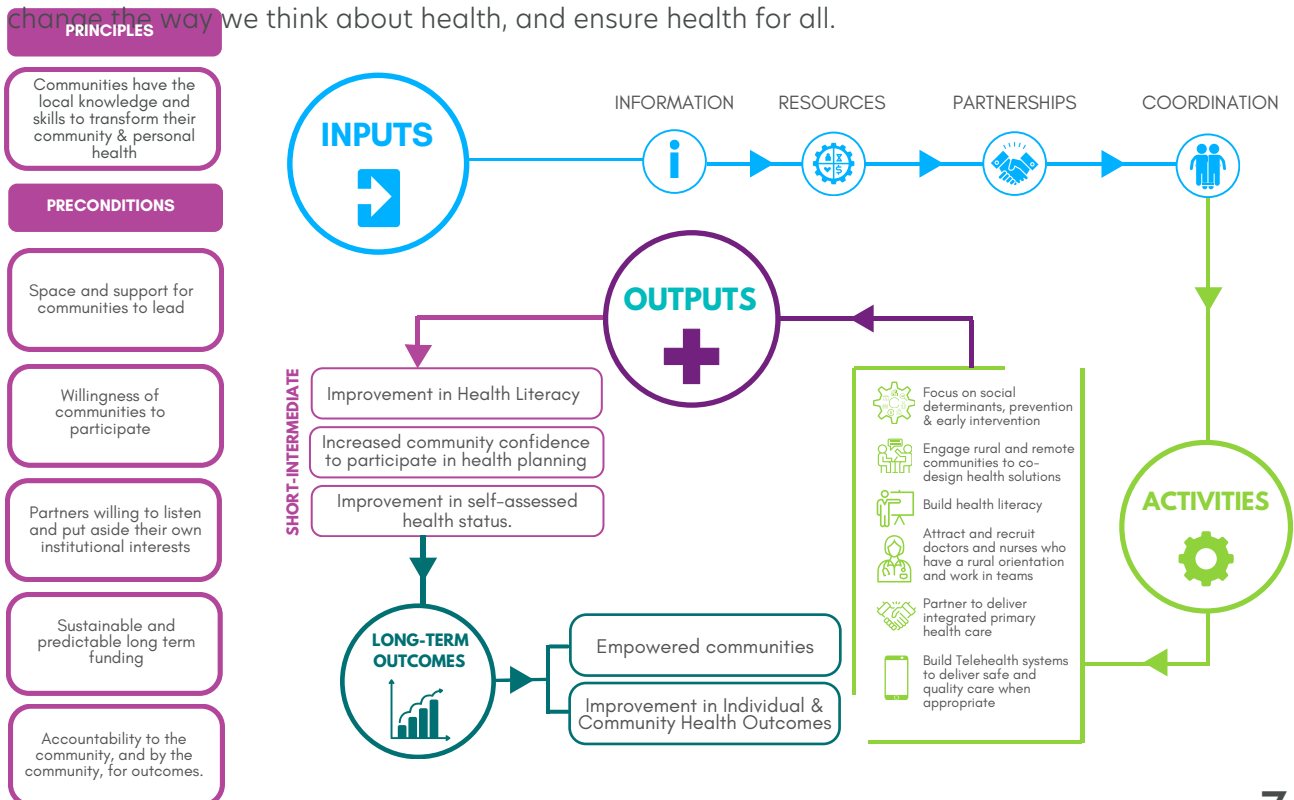


OUR THEORY OF CHANGE

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. 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 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.

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



SERVICE PLANNING FRAMEWORK

Integrated People-Centred Health (IPCHS)

Empowering & engaging people

Strengthening governance & accountability



Coordinating services within & across sectors

Reorienting models of care



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.

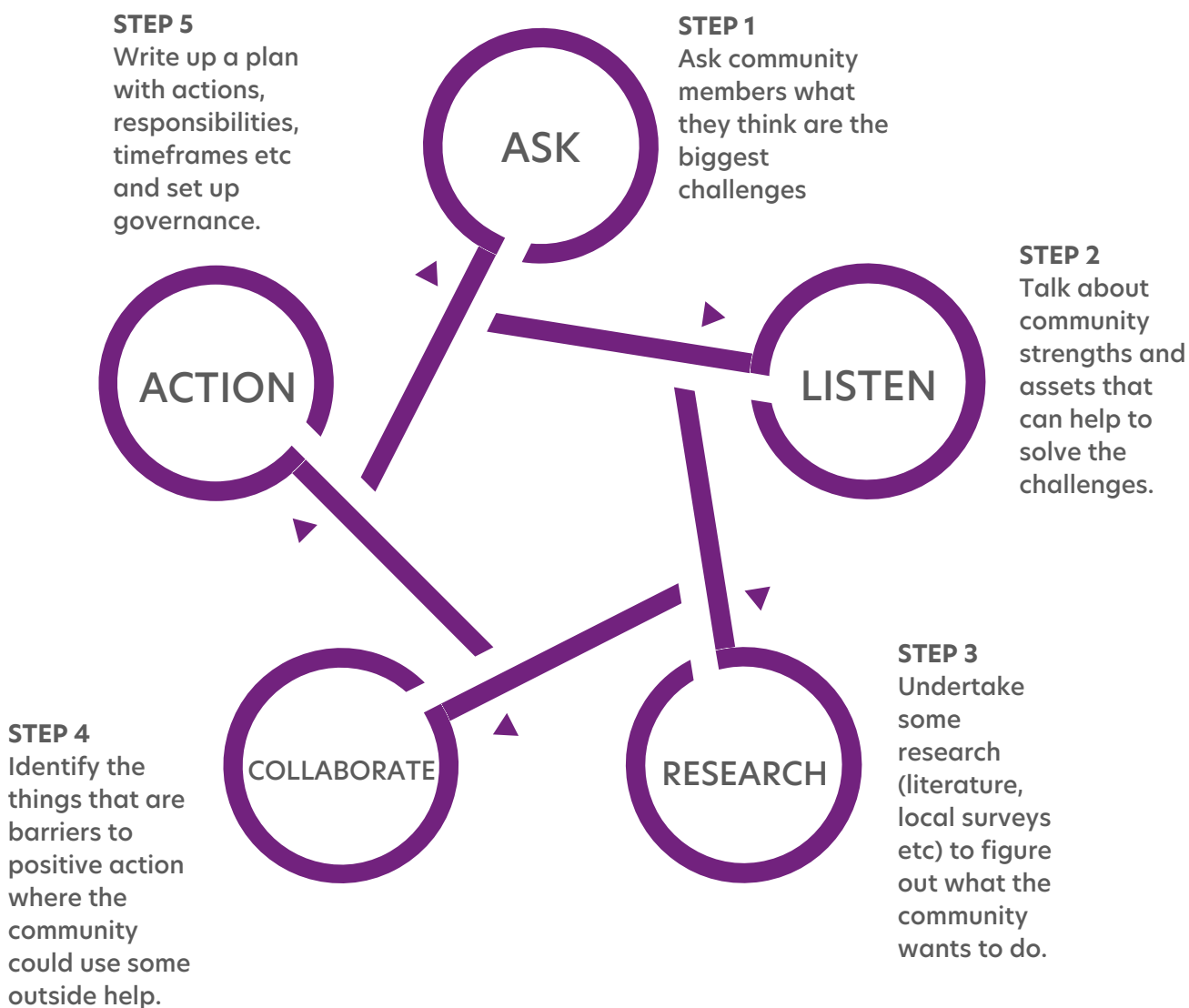
Solution

The Foundation was initially asked to help facilitate consultations to develop a new community plan for Aboriginal people. As discussions progressed the Aboriginal community began to explore how factors such as low educational attainment, lack of access to affordable foods, poor quality of housing and an inability to access local training contributes to, and mutually reinforces, disadvantage across multiple domains. The community also realised that these issues were not exclusive to Aboriginal people, nor could be addressed effectively without engagement of the whole community. Rather than a plan that focuses on health services, the community decided to develop an integrated 10-year plan that strategically targeted all the relevant drivers of poor health, and the whole community's role in addressing these alongside health, social and economic challenges.



COMMUNITY ENGAGEMENT APPROACH

Community Development for Health (CDH)



WHAT WILL WE DO TO IMPLEMENT THE IPCHS & CDH FRAMEWORKS?



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.

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.

Residential Aged Care Australia

Issue

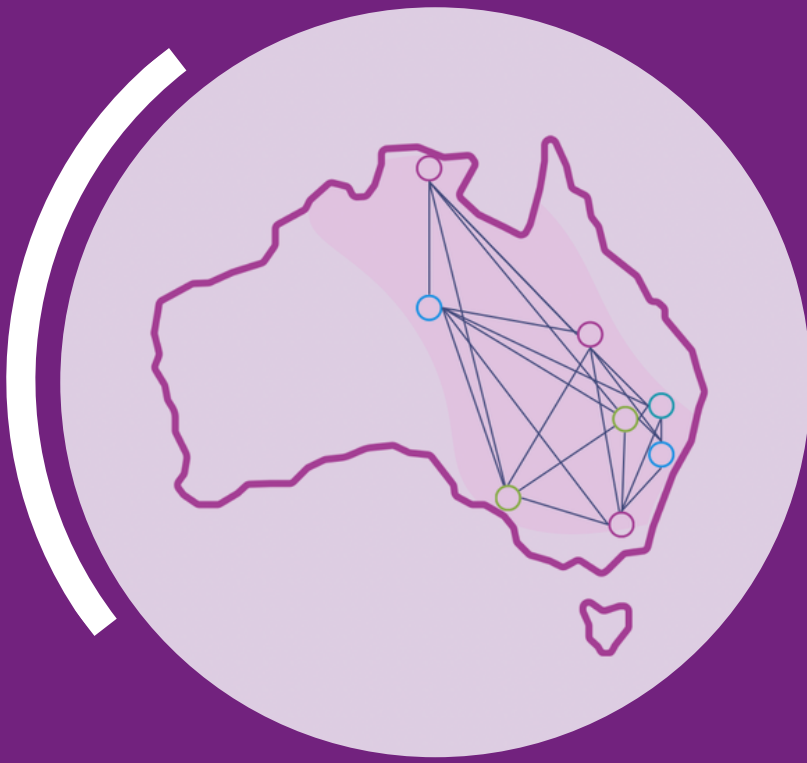
Dramatic decline in the number of GPs providing on-site services to residents of residential aged care facilities

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 accessible to some of the most vulnerable Australians.



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