



**COMMUNITY
HEALTH FIRST**

Strengthening **Victoria's
Health System** through
Community Health

2023

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Introduction



Community Health First brings together all 24 of Victoria's registered community health services across metropolitan, rural and regional Victoria with **one simple but ambitious goal - improving health and wellbeing outcomes for all Victorians.**

For 50 years registered community health services have been responding to the needs of Victorian communities, supporting millions of people through provision of high quality and high impact services. They are at the front-line when communities need them most - through fires and floods, and most recently playing a critical role in the response to COVID-19.

Registered community health services play a unique and critical role within Victoria's health and care system that is often overlooked. They aggregate and connect multiple funding sources and systems, supporting communities to navigate complex service environments and making the system efficient and effective.

Through this work with the broader health system, community health services see first-hand the challenges the health system is facing. Costs in acute and hospital care are escalating to record levels but outcomes are not improving at the same rate. More people than ever are struggling to access the care they need to stay safe and well in their communities. The burden of chronic disease is continuing to grow rapidly and hundreds of thousands of people are ending up in hospital each year as a result of not having access to preventative or locally provided community-based services.

Against this backdrop, community health services have come together to form Community Health First and share their solutions for responding to these challenges by fully leveraging the unique capabilities of community health.





“For 50 years registered community health services have been responding to the needs of Victorian communities, supporting millions of people through provision of high quality and high impact services.”

Executive Summary

Community health services are united in their knowledge that the current healthcare system needs to be boldly reimaged to:

- **Deliver the right care, in the right place and at the right time** by investing in accessible, quality services that treat people within their communities and joining up fragmented services into a coherent and cost-effective system
- **Focus on health not illness** by restructuring the health system to drive person-centred, holistic, and preventative care
- **Reduce health inequity and improve outcomes** by investing in evidence-based models that reach the most vulnerable and address the underlying social determinants of health.

To deliver on this vision, Community Health First has identified five priorities that will leverage the unique capabilities of community health services.

With these changes, community health can reach millions of people, reduce demand on overstretched hospitals and emergency services, and improve health and wellbeing outcomes for all.



1. A cost-effective and well-funded system that can keep people healthy and well in their communities

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The Case for Change

Healthcare funding has reached record levels and continued growth is not improving outcomes or equitable access to services.

Demand is projected to grow with an ageing population and increased chronic disease.

Australia invests 2% of total health expenditure on preventative care, well below OECD averages.

Every \$1 invested in preventative care can save \$14¹ in the future.



Recommendations

1.1 By 2025 allocate a minimum of \$105M (0.4% of the Victorian health budget) to the Community Health Program delivered by registered community health services, increasing to \$136M (0.5%) by 2030. Funding will be allocated across three streams to support critical preventative health measures:

A. Existing Community Health Program services uplift (+\$14M annually)

- 20% uplift in funding to respond to increased demand for community nursing, counselling and allied health and health promotion
- Over 100,000 additional hours of support will be delivered across Victoria.

B. New Prevention and Early Intervention Stream (+\$40M annually)

- A new fund for preventative health programs within registered community health
- The fund will support services to co-design, test, evaluate and scale programs that can achieve cost savings and outcomes, aligned to the Victorian Early Intervention Investment Framework
- A new fund for preventative health programs within registered community health

C. New Outreach, Coordination and Navigation Stream (+\$12M annually)

A new stream for implementing a consistent systems navigation, care coordination and assertive outreach model for health services across community health.

100 new roles will be established within community health, supporting at least 200,000 Victorians per year to connect and achieve their health and wellbeing goals.

1.2 Implement more flexible funding models within the Community Health Program that allows services to allocate funds to respond to shifting demand and deliver outcomes for their communities.

1.3 Use community health services to their full capability within the healthcare system to improve outcomes and reduce costs including:

A. Involving community health services in the design and development of all new community-based healthcare initiatives.

B. Treating community health services as the 'provider of choice' for community-based and public health initiatives.

C. Building knowledge and understanding of the capabilities and expertise of community health services within the health system.

1.4 Renegotiate the National Health Reform Agreement to ensure that this supports flexible and innovative preventative services that are delivered by community health services.



2. A trusted community health model that is consistent and responsive to the needs of local communities

The Case for Change

Community health is an established, authorised, and trusted platform to improve outcomes.

Leveraging the community health platform requires investment in capabilities, infrastructure and workforce consistent across the sector.

Community health investment ensures effective, rapid response in times of crisis.

Recommendations

2.1 Partner with community health services to introduce a framework that defines and delineates the role, scope of practice and value of community health within the health system and supports community health services to maintain required capabilities and work to the top of their scope.

2.2 Develop a Community Health Infrastructure Plan and dedicated investment fund to support critical investments in property and IT that meets current and future community expectations.

2.3 Ensure community health services are included in workforce planning initiatives and that workers receive equitable support, pay and incentives across the health system.

2.4 Provide financial support to registered community health services to establish a shared data set and analytics to provide consistent, structured reporting on services and evidence of outcomes to enable government to demonstrate community health value and best utilise its capacity.



3. An elevated role for community health to ensure holistic care

The Case for Change

Health outcomes are largely determined by social factors.

Community health delivers a social model of healthcare that combines expert clinical care with supports that address the underlying causes of poor health, improving outcomes and reducing health inequity.

Community health aggregates funding and services to deliver effective, cost-efficient service models.



Recommendations

3.1 Engage community health services in system governance and decision-making by:

- Mandating community health service representation in Health Service Partnerships.
- Appointing a new Deputy Secretary for Community Health within the Department of Health.
- Establishing a quarterly Community Health Roundtable to be attended by the Minister for Health and Health Secretary and all community health CEOs.

3.2 Confirm the role of Local Public Health Units is specifically for regional planning and coordination functions, with local delivery of initiatives and community engagement continuing to be delivered by community health services.

3.3 Recognise and fund the critical systems navigation and care coordination role of community health services by implementing a fully funded, consistent model embedded within community health (drawing on funding at Recommendation 1.1C).

This model should include a robust outcomes measurement and evaluation framework to demonstrate the financial and social benefits of the model, drawing on 2.4.

4. Accessible, affordable and quality care for everyone, especially vulnerable groups and regional and rural communities

The Case for Change

Access to quality primary care improves health outcomes

Many people in Australia cannot afford to access health care and this will only worsen due to cost of living pressures.

Community health provides accessible, affordable and local primary care services, where people would otherwise miss out.

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Recommendations

4.1 Advocate for continued improvements to federal primary care funding arrangements, including fully funding the recommendations of the Strengthening Medicare Taskforce Report.

4.2 Partner with community health services and Primary Health Networks to develop a consistent, state-wide model for new wrap-around MyMedicare services that fully leverages the capabilities of community health services.

4.3 Implement improvements to primary care funding arrangements, including fully funding the recommendations of the Strengthening Medicare Taskforce Report and leveraging the capacity and capability of Victoria's community health services in the implementation.

4.4 Commit to funding the expansion of location service delivery via assertive outreach into vulnerable and isolated communities by community health services as set out at Recommendation 1.1C





5. Every person has the skills, resources and supportive environment to achieve their full health potential

The Case for Change

Health outcomes are heavily influenced by the social, economic and environmental conditions, as well as individual health literacy.

Community health are experts in building health literacy and delivering evidence-based programs that address social and environmental factors driving health outcomes.

Recommendations

5.1 Increase funding to Community Health – Health Promotion in line with Recommendation 1.1A to increase scale and reach of evidence-based health promotion programs.

5.2 Invest in the evaluation of health promotion programs delivered by community health services to build an evidence-base for this work that supports long-term system planning.



About Community Health



24

**registered community
health services**



500,000+

**people receiving
support from registered
community health
services annually**



10,000

**people employed by
registered community
health services**

The History of Community Health

In 1973, Prime Minister Gough Whitlam established the Community Health Program, citing a need to shift the focus in healthcare from treatment to prevention, reduce hospital demand, and present a cost-effective alternative to private general practice.

This program provided funding to states and territories to establish community health services, as well as to expand community-based services spanning across mental health, alcohol and other drugs, prevention of family violence, and refugee health. In 1975, the Medicare system commenced, drawing on the same principles of fair and equitable access to healthcare for all Australians.

Community health services have evolved over the past 50 years but remain a vital component of Victoria's healthcare system in metropolitan, regional and rural Victoria.

There are now two models of community health operating in Victoria –

- **Integrated community health services** delivered by hospitals as part of an integrated model within the tertiary system.
- **Registered community health services** operating independently as non-profit organisations. Due to their independence, registered community health services are uniquely able to attract multiple, alternative State and Federal funding sources to drive holistic care and engage community members within our governance.

Community Health First is focused on the distinct model of registered community health services but recognises the important role that integrated community health services also play in our healthcare system.

Community Health Model

Registered community health services play a unique and important role within the Victorian service system, as described in the Community Health Value Proposition.

(read more - **Community Health Value Proposition**).

A Social Determinants Model of Care

Community health services work within a social model that recognises that health outcomes are largely determined by social factors.

In particular, the Australian Institute of Health and Welfare recognise seven key social determinants of healthⁱⁱ (Figure 1).

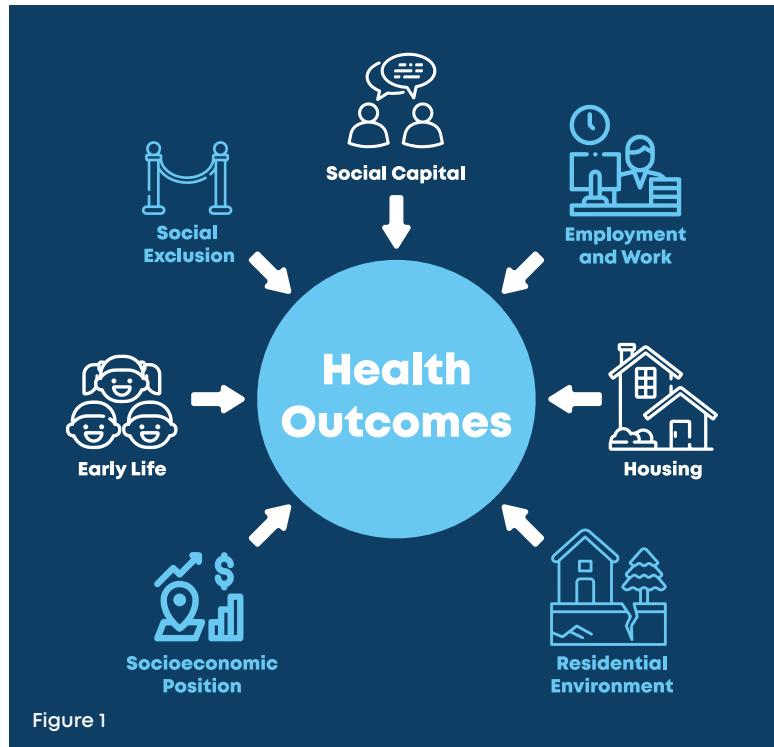


Figure 1

Working within this model means that registered community health services combine robust clinical health service delivery alongside a wide range of social services either delivered directly or through extensive local partnering within our communities. While each community health service offers a range of services that are most relevant for the specific needs of the community, all work across the clinical and social service landscape. In addition, they combine the work they do with individuals, with work to strengthen communities and the wider service system

to create a social environment that supports positive health outcomes, aligned to the World Health Organisation’s Ottawa Charter for Health Promotionⁱⁱⁱ.

All community health services adhere to the highest quality standards, with robust accreditation frameworks and regular external audits required to maintain funding. Clinical work is overseen by best-practice, proven clinical governance models. The scope and model of service delivery is depicted in Figure 2.

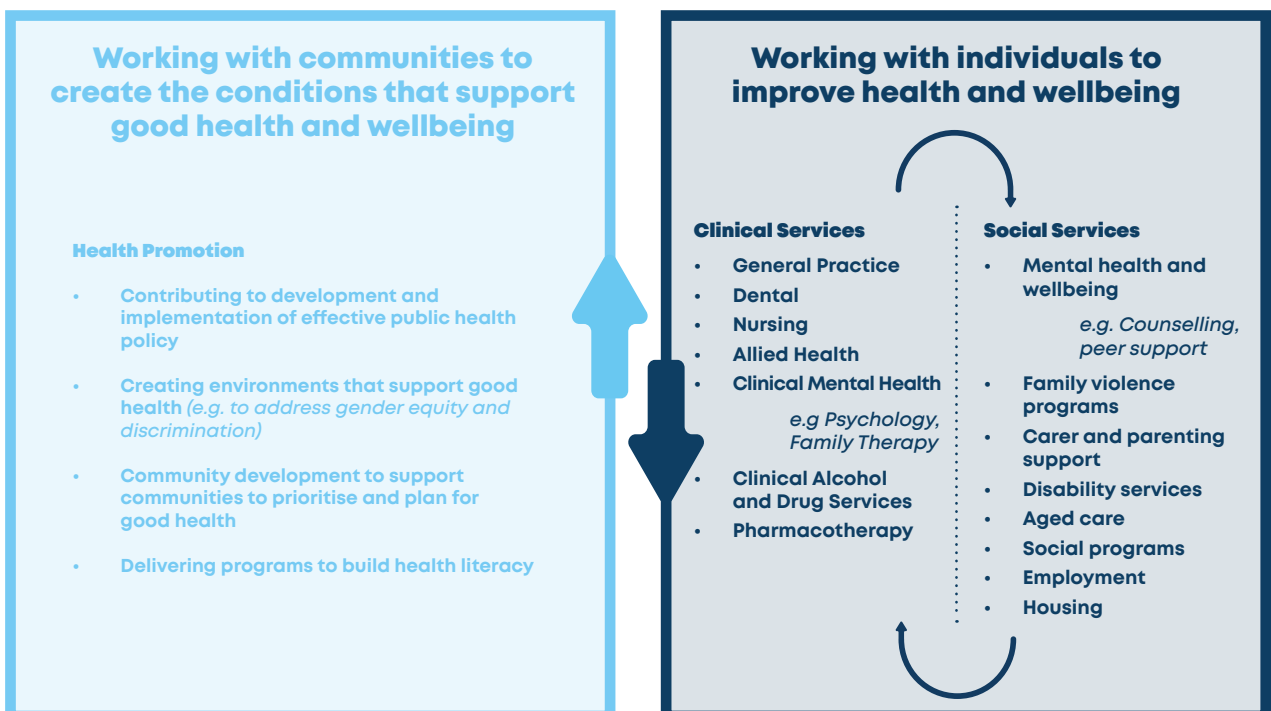


Figure 2

Care Coordination and Systems Navigation

The community health model responds to the complexity that many people face in interacting with multiple services at the same time, particularly when they have comorbid or complex needs. The comprehensive service model offered by community health includes support to communities to coordinate their care and navigate the many complex and overlapping service systems they interact with. This work ensures a more efficient system with the right support, in the right place, at the right time but is not work that community health services are funded to undertake.

A Focus on Prevention and Early Intervention

Registered community health services are uniquely positioned within the health system to work across the full spectrum of healthcare prevention and early intervention (Figure 3), improving long-term health outcomes and avoiding escalating healthcare costs. The ultimate goal is to reduce overall contact with health services by promoting healthier environments and behaviours, delivering evidence-based prevention programs, and intervening early to stop health conditions escalating.

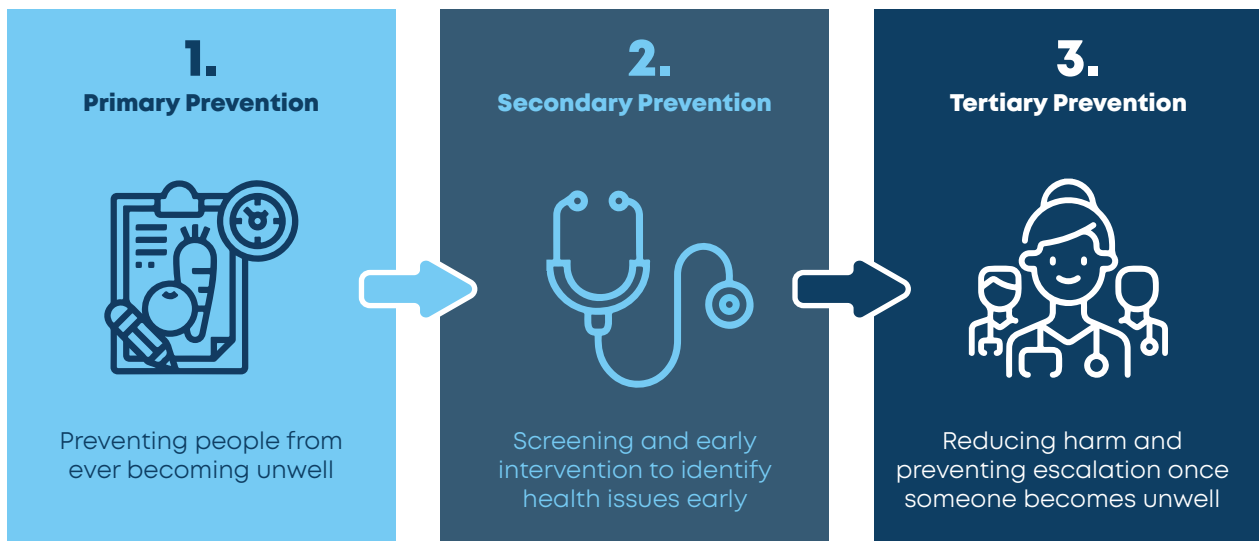


Figure 3



Primary prevention is delivered through the Community Health-Health Promotion program. This works in communities to create social environments that support good health and to build health literacy. These programs work at a population health level and are a critical part of community health services, co-designed with local communities. They focus on areas including healthy eating, physical activity, tobacco and alcohol use, family functioning, gender equity and responding to climate change and natural disaster.

Secondary prevention programs focus on screening activities to identify health issues early and work to build the protective factors that stop people becoming unwell. Community health services in the secondary prevention space target those who are most at risk at developing health conditions and include programs spanning sexual health, mental health and wellbeing, oral health, and physical health screening.

Tertiary prevention aims to halt the development of health issues once they arise. A key focus of community health services is working with people who have developed a chronic disease such as heart disease, Type2 Diabetes or asthma to effectively manage their condition and halt its progression and the need for costly and invasive hospital services.

Where engagement with the health system is needed, community health services deliver multi-disciplinary primary care services. They work collaboratively with hospitals, where possible, to integrate primary and hospital care and support people through their rehabilitation after a hospital stay.

Addressing Health Inequity

Registered community health services reach over 500,000 people each year in Victoria, at every stage of life. The Community Health Program delivers over a million hours of specialist case work, allied health and nursing services from young children and their families through to people nearing end-of-life.

While community health services are available to all Victorian residents regardless of their geographical location, priority access is given to vulnerable populations with the poorest health and the greatest economic and social needs. Community health services are the experts in the provision of culturally safe and coordinated care, with flexible and comprehensive service delivery that responds to the specific requirements of individuals and local communities.

Community Focused and Person-Centred Care

Community health services are deeply embedded within communities and have established long-term, trusting relationships with community members and stakeholders. The model is predicated on community engagement in designing health solutions that address local needs, improving participation and leading to better outcomes. A key focus of community health services is working with communities, not just individuals, to create an environment that promotes improved health outcomes for all.



For those accessing our services, community health are focused on empowering them to take control of their own health and wellbeing and direct their own care, through a person-centred approach. The research shows this approach improves quality, satisfaction and the cost-effectiveness of care¹⁶.

Community Health Funding

The Victorian State Government provides all community health services – registered and integrated - with funding through the Community Health Program. This funding is used to support community-based health services including nursing, allied health and counselling, and to support health promotion activities.

The total funding for the Community Health Program across registered and integrated community health services is \$150 million per year - \$30 million of this is allocated to health promotion activities. Approximately \$70 million of the total funding is currently allocated to registered community health services.

- Community Health Program funding is less than 0.5% of the total Victorian health budget and equates to an average expenditure of \$22 per Victorian, as compared to \$190 spent per person on ambulance care and \$3,166 on hospital care*.
- This is a small expense for the significant impact across treatment and prevention. Each Local Government Area receives an average of \$1.9 million. For context, for each Local Government Area this is equivalent to:
 - **1 MRI machine or**
 - **47 Hip Replacement Operations or**
 - **78 Hospital Admissions or**
 - **1,960 Emergency Room Visits.**



Each Local Government Area receives **an average of \$1.9 million**
 This equates to one of the following:

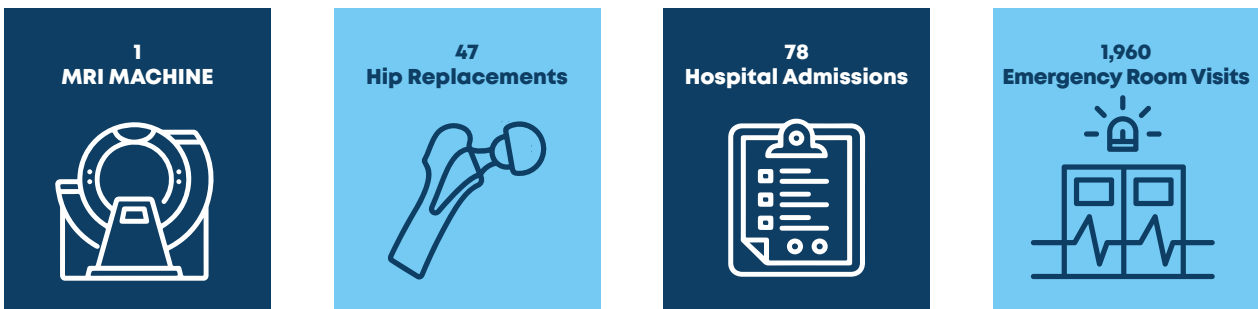


Figure 4

- The relatively modest investment in the Community Health Program has led registered community health services to be innovative and responsive by seeking a range of alternative funding sources. Registered community health services receive a range of State and Federal funding, in addition to attracting non-government funding sources, with the Community Health Program one small but critical part of our work.
- This is a significant strength of the registered community health model as it enables services to attract and aggregate funding from multiple funding sources to deliver an integrated response to communities. This not only benefits communities but also drives system efficiency by coordinating support and avoiding unnecessary duplication across funding streams.

“Community Health Program funding is less than 0.5% of the total Victorian health budget and equates to an average expenditure of \$22 per Victorian”



1.

A cost-effective and well-funded system that can keep people healthy and well in their communities

The Case for Change

Australia's healthcare system is facing a funding crisis. Government spending on healthcare costs in Australia has ballooned to over \$130 billion annually, growing by over five per cent in real terms year on year^{vi}. In Victoria, healthcare expenditure has reached record levels of \$27 billion in 2022-23.

The majority of this expenditure is focused on hospitals, with \$81 billion nationally (61%) of all health expenditure going directly to hospitals. Despite record spending, hospitals are struggling to keep up with unprecedented, sustained demand, with extended wait times in emergency rooms and for elective surgery, and ongoing issues with ambulance ramping. Put simply, many Victorians are not getting the care they need, when they need it.

While these problems have been exacerbated by the impact of COVID-19, they point to long-term underlying issues within our health system. Many of those accessing hospital services do not need to be there or could have had their hospital presentation avoided had they received care earlier. In Victoria alone, there were over 550,000 potentially preventable hospitalisations in 2022 identified in the Report on Government Services, an increase on previous years and the second highest of any State and Territory^{vii}.

This includes admissions that could have been avoided through vaccination, more timely care of some acute conditions, and preventable chronic disease. According to the Grattan Institute, over 37% of hospital admissions relate to chronic diseases such as heart disease, Type-2 diabetes and asthma, with a cost of \$320 million annually^{viii}. This problem is only set to increase with the number of Australians with a chronic disease growing to 47% of the total population, which will further drive demand in our hospitals in future years.

Increasing investment in hospitals will not solve this problem and, in fact, risks further embedding an already unsustainable health care system and funding model. Instead, governments must address the underlying structural causes of the cost blow-out by investing in keeping people healthy and well, and out of hospitals.

Research clearly shows that for every \$1 spent on preventative healthcare measures, \$14 is saved in future healthcare costs^{ix}. It also generates significant economic and social benefits, particularly through increased workforce participation and productivity^x.

By investing in prevention and community-based care now, Government will build a truly sustainable healthcare system for future generations.

RIGHT CARE EQUALS BETTER HEALTH

EACH and DPV Health partnered to deliver Right Care = Better Health across Melbourne's North-East, providing integrated care to support people with complex and chronic conditions to stay out of hospital. Over a two year pilot, 300 people were supported to coordinate their care, better understand their condition and build their capacity and confidence to manage their health.

An independent evaluation showed that in addition to improved patient experience, wellbeing and quality of life, 57 hospitalisations were avoided and \$1.40 of savings were generated for every \$1 spent on the program. Despite these positive results the program does not have funding to continue or be scaled to decrease demand on our hospitals.

[Read more Right Care equals Better Health P38](#)



Hospital-centric Care

There is a bias within the health system towards care delivered within or by hospitals that fails to consider the significant capabilities that community health services can offer in achieving better health outcomes and a more sustainable system.

Community health services offer significant clinical capabilities and well-established clinical governance frameworks, alongside multi-disciplinary and social models of care. They are deeply embedded within communities with strong local relationships across the system and established workforces. This makes community health services uniquely well placed to successfully deliver services into communities, with faster lead times and lower cost than hospitals, allowing hospitals to focus on meeting the significant demands on the hospital system.

Despite this, in Victoria, community health services have been excluded from participation in significant community-based health initiatives, including:

- 'Better at Home' - announced in the 2020-21 Victorian Budget with \$700m of funding over four years. Better at Home offers hospital services within patients' homes via home-based and virtual care to free up hospital beds, many of which could be delivered by community health services.
- Community Hospitals - a \$675 million commitment by the Victorian Government to establish ten new facilities in major growth areas to improve locally available public healthcare options, which may include public dental and urgent care services.
- Early Parenting Centres - a \$123 million expansion of Victoria's Early Parenting Centre (EPC) network to deliver an additional eight EPCs across metropolitan, rural and regional Victoria. Only hospitals were approached to partner with either Queen Elizabeth Centre or Tweddele to deliver these services despite the existing infrastructure and clinical capability across maternal and child health care within community health services.

Under-investment in Preventative Health

Australia currently invests less than 2% of total health expenditure in preventative health measures. This is significantly below other comparable health systems, with Australia ranking 20 of 33 OECD countries in terms of per capita prevention spending and 27 for overall prevention investment.

Australia has recognised how inadequate this is through the National Preventative Health Strategy 2021-30, setting a target to increase preventative health spending across Federal and State/Territory funding to five percent of total health expenditure by 2030^{xi}.

In Victoria, the State Government launched a new Early Intervention Investment Framework in the 2021-22 State Budget to drive earlier intervention and cost savings across whole-of-government, including health. This has yet to be considered in the context of community health services but has been used to fund the 100,000 Lives initiative by Safer Care Victoria.

Despite these commitments, there has been minimal change in funding levels to preventative health care measures thus far. Community health services have seen no increases to funding for the Community Health Program, which supports community-based prevention and health promotion activities across Victoria.

This program currently receives less than 0.5% of the total Victorian health budget and has attracted no increases beyond annual indexation over the last twenty years despite increased demand and population growth of over 20% during that time. In real terms, funding has been decreasing annually.

This is exacerbated by a funding model that is unnecessarily complex and does not allow community health services to allocate funds to respond to changing demand and deliver the best outcomes in their communities.





National Health Reform Agreement Barriers

The National Health Reform Agreement (NHRA) 2020-25 is an agreement between the Federal and State/Territory governments to improve health outcomes for Australians. It sets out a long-term vision for the health system, focused on prevention, health literacy, value, and evidence-based delivery, and the joint funding arrangements for delivering on this.

Despite its ambitious reform agenda, the NHRA is structured in a way that impedes innovation,

reform and cost efficiency. The scope of services that can be funded is unnecessarily narrow and does not easily allow for preventative activity to be funded without complex approval mechanisms. Data and reporting requirements and the nature of the agreement do not allow for community health services to be engaged to deliver funded services. These barriers currently create a disincentive for the Victorian Government to invest in community health services as they do not attract the joint funding from the Federal Government that hospital services attract.

COMMUNITY PARAMEDICS

Sunraysia Community Health Services in Mildura has implemented an innovative Community Paramedics model researched for ten years by McMaster University (Canada). This program is proven to decrease emergency department visits and chronic disease risk, and improve quality of life.

In 2022 SCHS employed paramedics to work with high risk communities impacted by health inequities. The service operates within a social determinants of health framework; including 1:1 health assessments, support to connect with other services, address food insecurity and facilitate social connections. This innovative model could be scaled across all community health services to reduce demand on the health system and improve community health and wellbeing outcomes.

Read more – Community Paramedics Model P45



Recommendations

1.1 By 2025 allocate a minimum of \$105M (0.4% of the Victorian health budget) to the Community Health Program delivered by registered community health services, increasing to \$136M (0.5%) by 2030. Funding will be allocated across three streams to support critical preventative health measures:

Stream	Cost	Purpose and Impact
Existing Community Health Program services uplift	+\$14 Million	<ul style="list-style-type: none"> 20% uplift in funding to respond to increased demand for the existing Community Health Program, including community nursing, counselling and allied health and health promotion. Over 100,000 additional hours of support will be delivered across Victoria.
New Prevention and Early Intervention Stream	+\$40 Million	<ul style="list-style-type: none"> A new fund for preventative health programs targeted within registered community health. The fund will support services to co-design, test, evaluate and scale programs that can achieve cost savings and outcomes, aligned to the Victorian Early Intervention Investment Framework.
New Outreach, Coordination and Navigation Stream	+\$12 Million	<ul style="list-style-type: none"> A new funding stream for implementing a consistent systems navigation, care co-ordination and assertive outreach function or health services across community health. 100 new roles will be established within community health, supporting at least 200,000 Victorians per year to connect and achieve their health and wellbeing goals.

Table 1



1.2 Implement more flexible funding models within the Community Health Program that allows services to allocate funds to respond to shifting demand and deliver outcomes for their communities

1.3 Use community health services to their full capability within the healthcare system to improve outcomes and reduce costs including:

- Involving community health services in the design and development of all new community-based healthcare initiatives
- Treating community health services as the 'provider of choice' for community-based and public health initiatives
- Building knowledge and understanding of the capabilities and expertise of community health services within the health system.

1.4 Renegotiate the National Health Reform Agreement to ensure that this supports flexible and innovative preventative services that are delivered by community health services.

2.

A trusted community health model that is consistent and responsive to the needs of local communities

The Case for Change

Victoria is extraordinarily fortunate to have maintained a network of registered community health services across the State. This established, trusted platform gives Victoria an opportunity to lead Australia in reorienting the healthcare system towards preventative care. However, maintaining, scaling and leveraging the potential of community health services will require investment in developing the capabilities, infrastructure and workforce into the future.

Community health services are already engaged with over half a million Victorians across rural, regional and metropolitan Victoria and have a collective workforce of over 10,000 people.

They have unique capabilities and models of care not replicated elsewhere in the healthcare system that brings together immense clinical capability alongside multi-disciplinary, holistic services that address the social determinants of health.

Community health services are deeply embedded within communities, with connections across the health and social services sector, and ensure communities are engaged within their governance and co-design and delivery of services.

This model allows for the rapid establishment of new services and models that build on relationships with community to ensure engagement, particularly those who are most vulnerable.

Importantly, the sector's deep knowledge of the health and social service systems and the needs of communities, developed over 50 years, allows them to design solutions that are cost effective by avoiding duplication and ensuring services are delivered in the right place and at the right time.

The value of the community health model has been demonstrated effectively during times of crisis including floods, bushfires, and the recent COVID-19 pandemic when the sector was able to offer rapid responses to engaging and supporting communities not achievable through other parts of the health system.

Despite this track record, the health system is failing to leverage and build upon this capability outside of crisis response situations due to a lack of funding and governance support, reflecting a lost opportunity to lead the country and create a more sustainable healthcare system.



KEEPING COMMUNITIES SAFE DURING COVID-19

Community health services drew on their community relationships, expertise and system knowledge to deliver a coordinated response to COVID-19. Services reached tens of thousands of vulnerable social housing residents, driving high vaccination rates and responding to outbreaks.

They rapidly established testing and vaccination centres and implemented General Practice Respiratory Clinics and the COVID Positive Pathways Program that reduced demand on emergency departments and hospitals, saving at least \$36.7 million of hospital costs in one year alone. They provided tailored services to culturally diverse communities such as the Bendigo COVID-19 Refugee Resource Hub.

Investment in community health enabled a more effective pandemic response and is essential to Victoria's future pandemic planning.

Read more -Coordinated COVID-19 Response P36



Obstacles to Change

Community Health Role Delineation

Registered community health services have evolved over the last fifty years to be dynamic and responsive to the needs of their local communities.

The community-driven and place-based model of care means that while the goal of improving health and wellbeing is shared across all services, the work that each does in their communities to deliver on this varies between services in response to the specific needs of their communities.

While this is often cited by decision-makers as a barrier to engaging with community health, this ability to rapidly activate dynamic responses to emerging challenges is a core strength

of the model of care championed by community health services. No other part of our healthcare system has the same ability to draw on partnerships with other health and social services to supplement capability and capacity gaps across the system when needed.

Irrespective of this, community health services acknowledge the importance of offering a consistent and scalable model to Government. Work is needed to define and delineate the role for and scope of practice community health within the wider health system.

Once defined, investment is needed to ensure all community health services can maintain the capabilities needed to work to the top of their scope of practice, enabling tertiary services to focus on meeting demand within the hospital system.

SUPPORTING COMMUNITIES THROUGH NATURAL DISASTER

Community health services play a key role in supporting communities when they experience natural disaster. Since 2020, Gateway Health has supported over 600 families through the Community Recovery and Resilience Program. The program offers outreach, case management and support services and capacity building.

Initially established in response to the Black Summer bushfires, this successful model has now been expanded to support communities impacted by other natural disasters. In 2021, EACH and Inspiro developed the Storm Recovery Wellbeing Program to support the Yarra Ranges community to recover from storms. Wellbeing Officers worked with partners to reach vulnerable community members, offer support and connect them with services to meet their needs and address trauma. As disasters become more frequent due to climate change, community health services will become more vital.

Read more – Supporting Communities through Natural Disaster P40





“
Despite investing \$2.9 billion in health infrastructure... the Victorian Government has made minimal investments in the development of any new community health centres
”

Lack of Infrastructure Support

Registered community health services do not have access to the same support to develop and maintain our infrastructure as other parts of the health care system.

Many community health services have facilities that are outdated or require urgent repairs to ensure safety and accessibility. Despite investing \$2.9 billion in health infrastructure in the 2022/23 State Budget alone, the Victorian Government has made minimal investments in the development of any new community health centres over the last decade.

Decision-makers cite the independent governance arrangements of registered community health services as a barrier to this investment, but this need not be a barrier if appropriate contractual arrangements are in place. It is difficult to see how hospitalisations will decrease if we continue to invest only in hospital infrastructure.

Similarly, community health services have attracted little support for ICT development and upgrades over the last decade. This has resulted in a patchwork of systems across services, reducing capability for integrated care across the system and our ability to capture, analyse and report on collective need and outcomes across the sector. A shared, world-class system is needed to achieve the full potential of community health.

Hospital-centric Workforce Development

Australia is facing a healthcare labour shortage exacerbated by the impacts of COVID-19 and reductions in skilled migration. The impacts of these shortages are felt across the system, including community health, and constrain the ability of the sector to scale our reach and impact. While the Victorian Department of Health has undertaken extensive work and investment in workforce planning and strategy, this has focused almost exclusively on hospital staff.

Community health staff are often paid less than their hospital counterparts with the same qualifications and experience and are excluded from incentives, including bonus payments for COVID-19 staff despite working on the front-line of the pandemic response on behalf of the Victorian Government.

Recommendations

2.1 Partner with community health services to introduce a framework that defines and delineates the role, scope of practice and value of community health within the health system and supports community health services to maintain required capabilities and work to the top of their scope.

2.2 Develop a Community Health Infrastructure Plan and dedicated investment fund to support critical investments in property and IT.

2.3 Ensure community health services are included in workforce planning initiatives and that workers receive equitable support, pay and incentives across the health system.

2.4 Provide financial support to registered community health services to establish a shared data set and analytics to provide consistent, structured reporting on services and evidence of outcomes.

3.

An elevated role for community health to ensure holistic care that treats the person and not just the condition

The Case for Change

There is a strong and growing evidence-base that demonstrates that health outcomes are determined by each person's social environment, including their income, education, employment, housing and food security, early childhood, and social supports^{xii}.

This model explains the significant health disparities and inequities within Australia. Yet despite the evidence base for these social determinants of health, the healthcare system is largely oriented towards a medical model of care that focuses on treating conditions at the point when they can no longer be ignored. Focusing on the social determinants of health is an opportunity to create lasting change in health outcomes, address health inequities and ensure a more sustainable health care system.

Community health services are unique within the health



system because of their focus on a social model of health care. This model couples traditional medical and health interventions with a focus on integrated supports that address social determinants of health. Registered community health services, as distinct from integrated community health services that are embedded within hospitals, attract funding from a wide range of sources including State and Federal government funding and non-governmental sources.

Funding from the Victorian Government for the Community Health Program is one component of the work that they deliver. This model of aggregating multiple funding sources within the platform created by community health has immense benefits to the community and funders, as it allows community health to consolidate services in innovative and cost-efficient ways.

Due to this unique funding aggregator model, community health services often play a critical role in supporting community members,

particularly those who are vulnerable, in navigating the health and care system.

People accessing community health services may be eligible for multiple, overlapping services funded through multiple channels. Community health help coordinate this, connecting consumers with the right services at the right time, avoiding duplication and ensuring better outcomes through appropriate integration. Despite the criticality of this care coordination role, it is not something that community health services are directly funded to deliver, impacting significantly on the financial sustainability of the service model.

The platform created by community health and the in-depth knowledge of the system and how to navigate it is a largely untapped resource. There is a significant opportunity to leverage and invest further in this to drive improved outcomes and value, and ensure that people are accessing the right care, in the right place, at the right time.

MANAGING CHRONIC PAIN

Merri Health's Chronic Pain Service has supported over 260 people in Melbourne's North to manage their pain outside of hospital. The program is delivered in partnership and funded by North Western Primary Health Network. Through an evidence-based approach that incorporates allied health and medical services, alongside support for mental health, wellbeing and social isolation, over 83% of participants have experienced positive results.

As one participant said: "It was very effective! It has greatly helped me in managing my stress and anxiety related to pain and as a consequence reduced the pain itself". With 1 in 5 Australians aged 45+ experiencing persistent or chronic pain and average waiting times for pain services averaging 115 days there is an opportunity to scale these models to meet demand.

Read more - Managing chronic pain in the community P35

Obstacles to Change

System Collaboration and Governance

Health system governance and collaboration arrangements in Victoria are medically focused and exclude organisations, including community health services that can bring a social lens to provision of healthcare. This inevitably leads to a system that is focused on a highly medicalised model of care and missed opportunities to drive prevention, address inequity and integrate non-hospital and social services to achieve better outcomes.

Health Service Partnerships (HSPs) were established in Victoria as an enduring part of the health service system in 2021 to focus on improving collaboration across the health system. Recent priorities have included addressing elective surgery waiting lists, and the implementation of Better at Home and Mental Health reform initiatives^{xiii}. Despite the critical role of HSPs in driving collaboration and integrated care the HSP Policy and Guidelines require only hospital participation and do not require any membership or participation of community health services^{xiv}.

Similarly, the eight Local Public Health Units (LPHUs) established in Victoria in 2020 do not have a clear role for or interface with community health services. Initially established to coordinate the public health response to COVID-19, they have since taken on expanded responsibilities for prevention and promotion planning at

a regional level. However, their role remains unclear particularly regarding commissioning and delivery of services. Clarity is needed as to how LPHUs will interface with the work undertaken by community health services for fifty years and leverage, rather than duplicate, the local workforce, relationships, and expertise community health services bring.

Funding and Oversight

The holistic model of community health and complex funding sources and arrangements creates complexity in governance arrangements. Community health services must navigate relationships and reporting requirements with multiple funders and agencies and are required to be accredited against multiple quality frameworks and standards. The administrative burden of navigating this funding landscape to generate benefits for the wider system comes at a significant cost to community health services that is not recognised or funded.

The dispersed nature of funding means that community health services and their overall impact are often invisible within the system. At a state level, community health services have their contracts managed by the Department of Families, Fairness and Housing (DFFH), including funding held by the Department of Health including Community Health Program funding. This arrangement means that visibility and advocacy within the governance of the Department of Health can be challenging.

Recommendations

3.1 Engage community health services in system governance and decision-making by:

- Mandating community health service representation in Health Service Partnerships
- Appointing a Deputy Secretary for Community Health within the Department of Health
- Establishing a quarterly Community Health Roundtable to be attended by the Minister for Health and Health Secretary and all community health CEOs.

3.2 Confirm the role of Local Public Health Units is specifically for regional planning and coordination functions, with local delivery of initiatives and community engagement continuing to be delivered by community health services.

3.3 Recognise and fund the critical systems navigation and care coordination role of community health services by implementing a fully funded, consistent model embedded within community health (drawing on funding at Recommendation 1.1C). This model should include a robust outcomes measurement and evaluation framework to demonstrate the financial and social benefits of the model, drawing on 2.4.

4.

Accessible, affordable and quality care for everyone, especially vulnerable groups and regional and rural communities

The Case for Change

Research clearly shows that access to quality primary care improves health outcomes and reduces long-term healthcare costs. The World Health Organisation has identified improved outcomes including lower morbidity, reduced preventable hospitalisations, and reduced use of consultants and emergency services are associated with an effective, accessible primary care system. Yet many people cannot and do not access the primary care that they need, with one in ten Victorians skipping care recommended by their doctor due to costs and one in twenty experiencing difficulty paying medical bills^{xvi}. With cost of living pressures growing and inflation impacting further on healthcare costs, this is only likely to worsen in years to come.

Community health services are a key part of the primary care system in Victoria offering general practice, allied health, dental care and other complementary services, usually in an integrated multi-disciplinary model. Community health services fulfil a unique function within Victoria's primary care landscape, providing an accessible, affordable service. In regional and rural communities community health services are sometimes the only local primary care providers with a consistent presence. For example, Grampians Community Health supports communities that have a six hour trip via public

transport to access hospital specialist services. This is particularly important in the context of worsening health outcomes for rural and regional communities, with research from the Grattan Institute showing that Victorians living in rural and regional communities are 1.4 times more likely to die of a chronic disease.

Community health services are frequently one of very few providers offering affordable and bulk-billed services to patients who cannot afford further costs. This is critical in the context of recent news that less than 35% of general practices offer bulk billing, creating significant accessibility barriers for patients^{xvii}. Yet provision of these services comes at a significant cost to community health services, often running at a financial loss due to the insufficient Medicare funding.

Improving access to primary care not only makes good economic sense, but it is also critical for addressing persistent health inequalities that impact on our most vulnerable. This includes culturally diverse, Aboriginal and Torres Strait Islander, and LGBTQI+ communities who all experience reduced access to care and poorer health outcomes. Many of these community members may never engage with the primary care system at all, with their first interaction with the health system being in an emergency room.

SUPPORTING FARMER HEALTH

Rural and regional community health services play a critical role in ensuring access to services to isolated, farming communities. Primary Care Connect partners with Agriculture Victoria and the National Centre for Farmer Health to offer AgriSafe Agriclincs to farming families. Specialist agricultural health clinicians run clinics and field days, providing a comprehensive health and wellbeing assessments, connecting farming families with services and providing advice and support to manage health and wellbeing. In the last year Primary Care Connect has reached 70 farmers, with 30% supported to connect with a GP to manage conditions identified during health checks. Without community health services, many regional and rural communities would miss out on critical preventative health care.

Read more - Supporting Farmer Health through AgriSafe Agriclincs P42

Obstacles to Change

Primary Care Funding

Australia's primary care funding arrangements are insufficient to deliver health outcomes, particularly for those who are most vulnerable and in need of support. General practice, at the core of the primary care system, is federally funded via Medicare. However, the Medicare funding model is not sufficient to fully cover the costs associated with delivery of care, as rightly pointed out in the Strengthening Medicare Taskforce Report^{xviii}.

While an accessible, affordable GP model is central to effective primary care, Government must ensure a model that supports a robust primary care system beyond general practice. While integrated, multi-disciplinary primary care is demonstrated to be cost effective and improve outcomes, particularly for those with complex needs, the episodic nature of funding that focuses on throughput does not support these types of arrangements.

Medicare funding financially disincentivises GPs seeing the more complex patients and community health service medical programs are often left footing the bill to ensure the most in need do not miss out. This is a case of market failure that community health is well placed to address and thereby reduce demand on the hospital system. Changes to Medicare funding announced as part of the 2023 Federal Budget may address these challenges, particularly the new wrap-around supports model (MyMedicare) that has been flagged.

The status of primary care is further complicated by the Federal/State divide, whereby primary care is principally the responsibility of the Federal Government, while the tertiary care delivered within hospitals is principally the responsibility of the States and Territories. The reality is that these arrangements are much more amorphous, with the Federal Government funding 45% of services delivered under the National Health Reform Agreement (NHRA) and the Victorian Government increasingly stepping in to fund primary care initiatives such as the new Priority Primary Care Centres.

This model risks the creation of further discrepancies in access to care and a failure to leverage the infrastructure in place within community health services.



Outreach Support

Analysis of healthcare accessibility often focuses on those who wish to engage with health services but find it difficult to do so for reasons such as proximity, availability and affordability of services. While this is important, it overlooks those who are unaware that services are available in the first place and thus do not seek them out. These are the people who are not attempting to engage and whose first interaction with the health system is more likely to take place within a hospital setting.

Engaging and connecting these 'hardly reached' cohorts requires persistent and assertive outreach into community settings. During COVID-19 community health services were directly funded to deliver this work through the High Risk Accommodation Response, outreaching to vulnerable cohorts in high risk settings to prepare for COVID-19, implement preventative measures and for outbreak management. Through this service tens of thousands of residents were reached and were supported to connect with health and social services, sometimes for the first time.

However, these types of funding measures are usually short-term and reactive, and do not allow for community health services to support outreach in a sustainable way and deliver continuity of care.



Recommendations

4.1 Advocate for continued improvements to federal primary care funding arrangements, including fully funding the recommendations of the Strengthening Medicare Taskforce Report.

4.2 Partner with community health services and Primary Health Networks to develop a consistent, state-wide model for new wrap-around MyMedicare services that fully leverages the capabilities of community health services.

4.3 Implement improvements to primary care funding arrangements, including fully funding the recommendations of the Strengthening Medicare Taskforce Report and leveraging the capacity and capability of Victoria's community health services in the implementation.

4.4 Commit to funding assertive outreach into vulnerable and isolated communities by community health services as set out at Recommendation 1.1C.

SPECIALIST TRANS AND GENDER DIVERSE SERVICES

People who are transgender or gender diverse often experience significantly poorer health and social outcomes. Your Community Health and Ballarat Community Health have joined forces with Austin Health and Thorne Harbour Health to deliver a specialist, holistic service that spans metropolitan and regional Victoria. Through a gender-affirmative and peer-led model the service supports trans, non-binary and gender diverse Victorians access primary care, information, advice and referrals to specialist supports. An evaluation found the program has facilitated faster care and addressed stigma and discrimination. Community health can deliver specialist supports because of their trusted place in the community and focus on addressing health inequities.

Read more - Trans and Gender Diverse in Community Health Program P39



5.

Every person has the skills, resources and supportive environment to achieve their full health potential

The Case for Change

Despite record levels of investment in the health system, Australians are not becoming healthier. While Australia has excelled in some areas, particularly in relation to smoking cessation, the impacts of poor health behaviours continue to have significant and ongoing impacts within the health system.

A third of Australia's chronic disease burden, which costs hundreds of millions of dollars annually, is caused by factors that are preventable such as lack of exercise, smoking, alcohol consumption^{xi}. Australia has the highest rate of obesity amongst OECD countries, with 63% of adults overweight or obese, and is continuing to increase, with a 10% increase between 2014 and 2017^{xii}.

Achieving a step-change in health outcomes will require every person to be empowered to take control over improving their health. Health promotion provides an evidence-based model for delivering achieving this by building personal health literacy and skills, strengthening communities to create enablers for good health, and creating supportive environments and policies that address systemic causes of poor health outcomes^{xiii}. This coordinated response at an individual, community and system level has been championed by the World Health Organisation since 1986 for delivering sustained results.

Community health services are experts in building health literacy and health promotion through evidence-based programs. For the past twenty years, community health services have received dedicated Health Promotion funds through the Community Health Program to undertake local planning in partnership with communities, and develop, design and implement local initiatives aimed at addressing needs.

This includes healthy eating programs in schools, initiatives to increase participation in sporting clubs, alcohol and vaping reduction services, and work to improve gender equity and reduce family violence. These programs often target communities and cohorts who are most at risk of poor health outcomes.

The funding received for this work does not allow for scalability or responsiveness to escalated needs and risks within communities and the associated costs. There is a significant opportunity to better leverage the immense expertise, trusted local relationships and evidence-based programs to drive long-term system reform and savings in Victoria through community health services.

Like all funding for the Victorian Community Health Program, there have been no significant increases to respond to population growth and need, and indexation has been well below inflation. In April 2023 it was announced that this funding would be reduced by ten percent, impacting significantly on program sustainability, workforce and communities.

SUPPORTING CHILDREN AND FAMILIES TO THRIVE

Through the Community Health Program, community health services reach thousands of developmentally vulnerable children each year.

Child health teams prioritise children who are at risk and have multiple and complex needs, offering allied health and social work services including individual and group programs, specialist assessments, playgroups and support to connect with other services.

Teams work with families, parents and mainstream services to coordinate support and ensure they are equipped to support children.

Demand for these services outstrips available funding, with long waiting lists for services common, particularly as children experience the ongoing mental health impacts of COVID-19.

Read more - Supporting Children and Families to Thrive p44



“
In April 2023 it was announced that community health program funding would be reduced by ten percent, impacting significantly on program sustainability”

Obstacles to Change

Long-term Focus

Health promotion work by its very nature requires a long-term vision for health system reform. It is early intervention in its purest sense, tackling issues at a population level to avoid poor health outcomes and costs often decades down the track. This requires a long-term vision for the health system that prioritises long-term outcomes at the expense of short-term cost savings and benefits. This is notoriously difficult to achieve when governments are facing short-term fiscal pressures and must achieve savings.

This is presumably why Community Health - Health Promotion funding has not been increased to respond to population growth and need, and why attracted indexation has been well below inflation. In April 2023 it was announced that this funding would be reduced by ten percent, impacting significantly on program sustainability, workforce and communities, and risking future health outcomes and costs.

Impact Measurement

The nature of health promotion activity and the long lead time required to observe benefits make it challenging to measure and demonstrate the benefits of the work undertaken by community health services in this field. While the benefits of health promotion activity are well evidenced, building an evidence-base for individual programs beyond base reporting requirements is more challenging and amplified by the difficulty in attributing cause for outcomes.

The constrained funding for health promotion within community health services means that many programs cannot achieve the scale needed to undertake robust evaluation. Further, there are no funds available to support the independent evaluation needed. Community health services are dedicated to evidence-based practice but building that evidence base is not currently supported through existing funding models.

SOCIAL PRESCRIBING

Community health services have been leading the way in implementing new social prescribing models that work to address the social determinants of health. These are non-medical interventions that connect people with communities to address loneliness, isolation and exclusion, which have been shown to impact on health outcomes. IPC Health in Melbourne's West have been delivering social prescribing since 2019, supporting over 400 people and working with 75 local organisations. Wellbeing Coordinators accept referrals, develop individualised plans and use their skills and local networks to connect people with their communities. These programs build social capital and reduce long-term health impacts and costs, and can be easily scaled with funding and support.

Read more - Innovating in social prescribing P46

Recommendations

5.1 Increase funding to Community Health – Health Promotion in line with Recommendation 1.1 to increase scale and reach of evidence-based health promotion programs.

5.2 Invest in the evaluation of health promotion programs delivered by community health services to build an evidence-base for this work that supports long-term system planning.

Case Studies



Managing chronic pain in the community

Chronic and persisting pain affects 1 in 5 Australians aged 45 and over, with an estimated 3.2 million adults currently living with debilitating pain. Access to timely support is limited, with wait times for chronic pain services in Australia averaging 115 days. Alongside the daily challenges of chronic pain comes an increased risk of depression, anxiety, and social isolation.

Evidence-based, Multi-disciplinary Care

To combat this growing health gap, Merri Health, a community health service in the North of Melbourne, in partnership and funded by North Western Melbourne Primary Health Network (NWPHN) established a free Chronic Pain Service (CPS). The CPS aims to improve physical and mental wellbeing and integration with broader service systems.

By utilising existing partnerships with key hospitals such as the Royal Melbourne Hospital and developing new partnerships with Northern Health, Merri Health identified opportunities to improve patient experience, increase community access and reduce waitlist pressure. It includes individual and group therapy with allied health and medical staff, providing a variety of evidence-based approaches tailored to each person to learn more about their pain, develop and apply pain management skills and strategies, and improve confidence in living with and recovering from pain.

The service uses a variety of treatment models, including pain medication and medical management, cognitive functional therapy, pain reprocessing therapy, mindfulness and a range of psychological approaches, lifestyle coaching and exercise.



Delivering Results

Results from the first 2.5 years confirm the CPS' impact on reducing the burden of chronic pain for patients and hospitals still grappling with the demands of the COVID-19 pandemic. Over 260 clients have been referred to the service since inception. Data for Jan-Dec 2022 from the Electronic Persistent Pain Outcomes Collaboration (ePPOC), an Australasian initiative to improve outcomes for people with chronic pain shows:

- 83% of patients reported making at least some overall improvement
- 77.8% reported an improvement in their physical abilities
- 60% reporting clinically significant improvement in anxiety
- 72.7% made a clinically significant improvement in how pain interferes with their daily life
- 50% of individuals made a clinically significant improvement in pain catastrophising
- Median wait times were 16.5 days, with 98.7% of wait times under 3 months

Qualitative data

Feedback is also received at the end of each group and individual session with an overall positive response. This includes:

“It was very effective! It has greatly helped me in managing my stress and anxiety related to pain and as a consequence reduced the pain itself”

“This is an amazing program that has been life changing. This isn't common knowledge and nothing I could find on Google could teach me what I learnt through this program. I am very grateful for this opportunity”

Funding

The CPS has been funded through the Federal Government via the NWMPHN. Initially funded for two years, the success of the CPS has seen the program extended for a further two years to June 2024. Post this it does not currently have a secure source of ongoing funding.

Coordinated COVID-19 Response



Community health services were at the front-line of the COVID-19 response in Victoria, playing a crucial role in prevention and response activities across the State at a time when communities needed them most. Community health services worked collaboratively with each other, Health Services, Public Health Units and local service providers to coordinate care and rapidly stand-up new services. Services leveraged their clinical capabilities, knowledge of the local service system and relationships to drive an effective public health response, across a number of areas.

Protecting Vulnerable Communities

In 2020, community health services from across the state were called upon by the Victorian Government to support some of our most vulnerable community members to prepare for, prevent, and respond to COVID-19. The High Risk Accommodation Response (HRAR) delivered proactive outreach to residents in public housing, rooming houses, supported disability accommodation and other similar settings to assess risk, provide COVID-19 information, advice and resources, increase vaccination uptake, and respond to outbreaks when they occurred to prevent further spread.

An independent evaluation of the program demonstrated the effectiveness of this critical work by community health services, reaching over 1,700 settings and 16,166 individual dwellings. In only a six month period, 22,800 residents were supported to access a COVID-19 vaccination and over 13,000 COVID-19 tests were conducted^{xxii}.

Through this program, community health services not only reduced the impact of COVID-19 but also were able to build on relationships with residents and connect them to other health and social services. Proposals to continue successful, proven aspects of the HRAR model, with a focus on preventative healthcare in high-risk settings, were unfortunately not funded in the 2022/23 State Budget.

Scaling Vaccination and Testing

Community health services were key partners in rapidly establishing and running new COVID-19 testing facilities, turning to vaccination delivery as the COVID-19 vaccination became available.

Community health services rapidly redeployed medical, nursing, and allied health practitioners to support these efforts, coordinating efforts across the sector to share resources and learnings and support a scalable response.

Testing and vaccination clinics were established within days, using existing facilities and pop-ups with our community partners. Innovative models were developed to reach those most at risk. For example, Better Health Network developed a door-to-door COVID model that provided outreach from pop-up testing clinics in public housing settings.

The availability of the community health platform enabled a response that was not available in other States and Territories.



“
Testing and vaccination clinics were established within days, using existing facilities and pop-ups with our community partners.
”

General Practice Respiratory Clinics

General Practice Respiratory Clinics were established across Victoria to alleviate strain on Emergency Departments as COVID-19 rates escalated.

Many of these clinics being delivered by community health services including DPV Health, Nexus Primary Health, Better Health Network, cohealth, Your Community Health and Access Health and Community.

These specialist medical centres were established within timeframes sometimes as short as four weeks, and continue to provide access to tens of thousands of Victorians experiencing respiratory symptoms consistent with COVID-19 to reduce Emergency Department presentations to address capacity limitations and exposure risk.

COVID Positive Pathways

Community health services played a critical role in developing new models and delivering support to those testing positive for COVID-19. The COVID Positive Pathways program proactively engaged those testing positive, screening for risk factors and providing tailored support pathways based on assessed clinical and social risk.

Two independent evaluations were commissioned by the Victorian Department of Health providing qualitative and quantitative analysis of the COVID+ Pathways Program. Key findings include:

- **Individuals support by the COVID Pathways program at first acute health service contact were less likely to be admitted to hospital with COVID-19.**
- **Shorter in-patient stays were observed in COVID Pathways enrolled individuals, with more than 1,600 bed-days saved over the eight-week evaluation period.**
- **Modest estimates, propose a \$36.7M potential cost offset in FY22 by reducing reliance on acute in-patient services (\$9.3M cost offset due to reduced hospital length of stay) and the support provided for independent self-care (\$27.5M cost offset).**

In addition, client feedback suggested an overall confidence in the quality and responsiveness of community-based health care.



“
The COVID Positive Pathways program proactively engaged those testing positive, screening for risk factors and providing tailored support pathways
”

COVID-19 Refugee Resource Hub

The Coronavirus Refugee Resource Hub was established by Bendigo Community Health Service (BCHS) in March 2020 to ensure local Karen, Afghan and South Sudanese communities remained informed throughout the COVID-19 pandemic. BCHS were conscious that these communities had insufficient digital, English, health and service literacy to understand mainstream translated information.

The Settlement and Cultural Diversity teams, with the support of health practitioners and bilingual staff of lived experience, authentically co-designed a series of information sheets and audio/visual resources in Karen, Dari, and Dinka languages to support local refugee communities during the pandemic. These resources were continually reviewed for currency and published on the Coronavirus Refugee Resources Hub.

Additionally, a free Coronavirus hotline was also staffed by Karen-speaking staff to answer community questions around the virus, restrictions and getting tested as well as facilitate vaccination appointments at specially convened clinics.

The resources were utilised by communities beyond Bendigo, while the Coronavirus Refugee Resource Hub surpassed 10,000 individual visits.

Right Care equals Better Health

The Right Care = Better Health Program was a joint initiative between EACH and DPV Health, two community health services operating in Melbourne, in 2020-21. The program provided integrated care to support people with chronic and complex conditions to manage their health and stay out of hospital.

Integrated, Multi-disciplinary Care

To combat the growing health gap, a Right Care = Better Health program was embedded within ten General Practices across the North and East of Melbourne during the pilot period. Community health services worked collaboratively with each practice to proactively identify patients that would benefit from improved coordination of their care due to the complexity or chronic nature of their condition.

Community health services employed dedicated nurse care coordinators and allied health coordinators to work with each patient and the range of health services they were engaged with. This allowed for better coordination of their care.



Achieving Results

Over 300 patients were supported during the initial pilot of the program. An independent evaluation completed by PwC found that the program achieved a number of significant benefits including:

- Saving consumers time when accessing health services
- Reducing health visits due to integrated approach
- Improvements in physical wellbeing and quality life
- Improved patient experience
- Improved awareness and access to disease management support.

Delivering Cost Savings

The evaluation of the program identified that for every \$1 invested in the program, \$1.40 was saved through a diversion of health utilization of GP appointments to program staff and a reduction in the use hospital services, including the avoidance of 57 unplanned Emergency Department presentations during the pilot.

Funding

The program was funded by the Eastern Melbourne Primary Health Network.



Trans and Gender Diverse in Community Health Program

People who are transgender or gender diverse often experience significantly poorer health and social outcomes, with only 34% describing their health as good and depression and anxiety rates seven times higher than for cisgender people^{xxiii}

A Collaborative Model across Regional and Metropolitan Communities

Two registered community health services – Your Community Health operating in the Inner North of Melbourne, and Ballarat Community Health – have joined forces with Austin Health and Thorne Harbour Health to deliver a specialist, multi-disciplinary service for transgender, gender diverse and non-binary people aged 18 and over. The service is funded by the Victorian Government and is fully integrated into the community health program operating across each organisation. This model ensures a consistent but locally responsive model in regional and metropolitan communities.

Gender Affirmative, Peer-Led Services

Community health services offer a gender-affirmative model that starts with support from a 'peer navigator' to provide all trans, gender diverse and non-binary Victorians with information, support and referral to health services.

In addition to peer navigation, community health offers a range of specialised services including:

- Specialist General Practice
- Mental health support and counselling referrals
- Referral to social and peer support groups
- Rainbow Gym – a transgender and gender diverse health and fitness program
- Access to dental and allied health including physiotherapy, dietetics, podiatry and more.

Impact

An independent evaluation by Latrobe University demonstrated that this program has facilitated culturally safe, faster gender-affirming care for hundreds of Victorians annually, overcoming major access barriers driven by stigma and discrimination^{xxiv}.

Funding

The service is funded by the Victorian Government Department of Health and redeployment of existing community health service funding. Funding is due to expire in June 2024.



Supporting Communities through Natural Disaster

Community health services play a key role in supporting communities when they experience natural disaster. Services are mobilised rapidly to provide on the ground support when disaster strikes and to support recovery efforts.

Community health also plays a key role in building community resilience for natural disaster. As these disasters become more frequent as Australia experiences the ongoing impacts of climate change, having a strong community health platform that the community can rely on will be vital.

Storm Recovery Wellbeing Program

In 2021, community health services Inspiro and EACH worked together to develop and implement the Storm Recovery Wellbeing Program in response to significant storms experienced in the Yarra Ranges in June 2021.

Dedicated Wellbeing Officers worked closely with Yarra Ranges Council and community partners as part of the response, providing psychosocial outreach and counselling to community members. Staff proactively connected with people and offered support, particularly targeting those who were already experiencing significant vulnerability or trauma likely to be exacerbated by the storms.

This includes families who had lost their homes, had been re-traumatised by the floods after previous experience of bushfires, or those experiencing significant health, mental health and social vulnerabilities.

Community Recovery and Resilience Program

In early January 2020 Gateway Health, a community health service in northeast Victoria, was asked to stand up a team of 12 disaster recovery practitioners to deliver recovery case management and support services in response to the Black Summer fires.

Across the course of a 24-month period the program grew to incorporate and embed additional State and/or Federal programs into its disaster recovery model. These included support to communities across the North East and Goulburn areas that were impacted by landslips and the October 2022 floods, and requests to support and lead recovery initiatives with

schools and teachers that had been impacted by bushfires, and communities impacted by economic decisions that contributed to compounding trauma from fires and floods.

These additional programs were offered in recognition of the successful model developed and the work that team had done supporting the disaster impacted communities of North East Victoria.

Outreach as Best Practice

The Community Recovery and Resilience Program model is trauma-informed, and was set up to remove barriers and improve accessibility for disaster impacted individuals and families in the wake of the Black Summer fire event.

Client and community feedback have continued to play a major role in the ever-evolving model of care that governs the operations of the Community Recovery and Resilience Program.

Client feedback stated:

- **Outreach was the preferred mode of connection. Face-to-face engagement was meaningful and validated experience, it was also (in the opinion of most clients) respectful and supported the client (many were primary producers who found it difficult to leave their farms, particularly within the first year of recovery).**
- **Power imbalance was an issue. Most clients found that services demanded a help-seeker go to them. Clients described how confronting that was, particularly when there were so many appointments required and often across multiple organisations before a satisfactory or meaningful outcome could be obtained. Outreach removed the power imbalance and shared 'power' with the client.**
- **Case coordination/support was essential. Understanding the complex health, social, legal and financial sectors is difficult and is harder when impacted by a disaster. A dedicated support person who could help with service navigation removed stress and gave the client more time and control of their lives.**



Building Capacity 'In-Between' Disasters

The climate is changing and becoming increasingly unpredictable and, as a result, disasters of various types are occurring with more frequency. The Community Recovery and Resilience model recognises that engaging in capacity building and preparedness work 'in-between' times is equally as important as engaging in actual recovery work after a disaster.

As more frequent disasters impact the nation, residents in affected regions are becoming victim-survivors of compounding trauma. Not only does 'another disaster' compound their trauma, but so too does the vicarious trauma they experience from seeing loved ones, neighbours, and others around the country, struggle through challenges.

Adversity does not breed resilience unless people are supported to recover from that adversity, and learn from it. This takes experienced disaster recovery professionals connected to local communities and organisations, linked with different sectors, working in lock-step with physical and mental health and wellbeing services and effective community engagement experts.

In that way, the response to enable recovery from the next disaster is coordinated and follows a carefully designed and practiced plan for streamlined communication and cooperation where individuals and communities are empowered to act and recover.

Impact

From January 2020 to now, the program has successfully supported over 600 families across the local government areas of:

- Towong Shire (North East Victoria),
- Alpine Shire (North East Victoria, and includes the Alpine Resorts areas),
- Indigo Shire (North East Victoria),
- Wodonga City Council (North East Victoria),
- The Rural City of Wangaratta (North East Victoria),
- Benalla Rural City (North East Victoria),

- Mansfield Shire (North East Victoria),
- The City of Greater Shepparton (Northern Victoria).

To date, the program has a 100% success rate, meaning every client engaged with has been supported and obtained a positive outcome in alignment with their co-designed case plan.

Funding

The program is funded from multiple sources:

- **Bushfire Recovery: Emergency Recovery Victoria (State and Commonwealth),**
- **Flood Recovery: Emergency Recovery Victoria (State and Commonwealth),**
- **AgSector Support: Department of Health (Victoria),**
- **Disaster Recovery Mental Health: Murray Primary Health Network (Commonwealth),**
- **Forest Industry: Department of Energy, Environment and Climate Action (Victoria),**
- **Youth Support: Department of Education and Training (Victoria).**





Supporting Farmer Health through AgriSafe Agriclincs

For Primary Care Connect, a regional community health service, moving into the farmer health space has been a bit like farming: we've had our good seasons, experienced droughts and a few setbacks, but overall, we have accomplished some very fruitful outcomes.

The Primary Care Connect Agriclinic assists farmers to:

- Understand their current health status and how to improve it.
- Learn how to keep themselves, their families and workers safe.
- Identify on-farm risks and hazards.
- Obtain suitable personal protective equipment for farm tasks.

Health and lifestyle checks for farmers at the AgriClinic include the following:

- Blood glucose testing
- Blood lipid testing
- Blood pressure
- Body mass index calculation
- Respiratory testing (not during COVID-19)
- Hearing screening
- Skin examination
- Vision testing
- Urine testing
- Screening for agrichemical exposure (anticholinesterase)
- Fit testing of mask or respirator
- Occupational risk surveying and assessment

Primary Care Connect first launched the program in September 2017. The organisation saw a need to establish the program as there was growing evidence of discrepancies in health outcomes for farmers and agricultural workers due to time constraints, access issues, stigma, health literacy and own health understanding. Mental health challenges caused by weather extremes, financial pressure, commodity fluctuations, and social isolation were also a concern of the agency.

This year the team have booked in times with some of the larger farms across the Greater Shepparton and Moira LGAs to undertake on-site health and lifestyle assessments (HLA's). The team are able to complete HLAs for seasonal workers, who are predominantly visa holders and are unlikely to access health services due to language and cultural barriers.

The team also arrange community events at outlying rural venues to promote the local AgriClinics and address the health and wellbeing of farmers and Agricultural workers. These sessions allow farmers to catch up with each other and to also ask questions of the AgriSafe regarding their physical and mental health and wellbeing.

Primary Care Connect works in collaboration with other key organisations in the agricultural sector. The team has established key partnerships with the National Centre for Farmer Health, Murray Dairy, AgVic, AgBiz Assist, GV Fruit Growers, Moira Shire, Strathbogie Shire, NCN Health and the Riverine Plains Cropping Group, which has ensured a greater reach to support more farmers and agricultural workers.

Some key examples include:

- Liaising with AGBiz Assist to provide the opportunity for link-in with rural financial counselling.
- In conjunction with The National Centre for Farmer Health, the PCC team attended the Elmore Field Days, a well-respected, premier agricultural event in Northern Victoria to run HLAs.
- The team has collaborated with Murray Dairy/Dairy Australia to undertake HLAs at Tatura's International Dairy Week and the Murray Dairy's Bi-annual conference.

Over the past 12 months alone, Primary Care Connect has engaged with over 70 farmers who have undertaken their initial health assessments and have returned for ongoing management. Furthermore, approximately 30% of those farmers have been referred to their GP for further assessment due to health issues that were initially discovered during the AgriClinic health assessment.

Concern surrounding farmer health in Australia has been widely reported, especially during times of extreme drought or other weather extremes, and our AgriClinics have been particularly effective in preventing physical and/or mental health decline.

Local examples of how the AgriClinic has prevented more serious health issues includes:

- As part of the AgriSafe assessment, a thorough skin check is attended. There have been several farmers, since the program's commencement, who have been found to have unusual skin lesions. These farmers were each referred to a skin specialist for review where they were individually diagnosed with skin cancers that were successfully treated in their early stages.
- Agrichemical exposure testing, as part of the AgriSafe assessments, highlighted a significant exposure in a farmer who was quite diligent with PPE and safety around chemical usage. Through occupational surveying and discussions around what chemical exposure events can look like, it was found that he

was exposed through cleaning of equipment post chemical use. The importance of building these therapeutic relationships and ongoing monitoring through consecutive appointments lead to improved health outcomes and awareness of farm safety moving forward.

- The AgriClinic is currently assisting a young agricultural worker with poor mental health. This young worker has been awaiting an appointment with a psychologist post GP referral. Our team has been able to refer him to the National Centre for Farmer Health website, where he is eligible for three free psychology appointments online until he is able to access local psychology services.
- Unusual urinary findings during one assessment led to a farmer being diagnosed with an autoimmune disease which is now being appropriately managed by a specialist to prevent further decline.

Since engaging with the AgriSafe Program, farmers have improved safe work practices to ensure their health and safety, from implementing personal protective equipment (PPE) use, safer handling of Agri chemicals, increasing sun protection, healthy eating, reducing alcohol intake and smoking cessation.

The program has grown steadily over the 5 years since its inception and has worked to implement positive changes in the farmer health space, creating health and safety awareness for those working and living in farming communities.

Supporting Children and Families to Thrive

Evidence shows that the early years for children are incredibly important in determining their outcomes later in life, including health, social citizenship and economic participation. Over 20% of children in Australia are developmentally vulnerable, placing them at increased risk of poor outcomes^{xxvi}.

Reaching Vulnerable Children and Families

Community health services, funded through the Community Health Program – Child Health Services, reach tens of thousands of vulnerable Victorian children aged 0 to 12 each year. Children accessing the program are experiencing developmental issues including physical health and wellbeing, communication skills, emotional maturity and social competence.

Child Health teams prioritise children who are most at risk, particularly those who have families with complex needs, are refugees or asylum seekers, are Aboriginal or Torres Strait Islander, come from culturally diverse backgrounds, or are known to child protection, family violence agencies or are in an out of home care placement.

The multiple, complex needs being experienced by children and families accessing the service requires specialist, integrated supports that community health services are expert in providing.

Coordinated, Early Support to Improve Outcomes

Child Health teams embedded within community health provide high quality, evidence-based interventions and strategies to improve the health, development, wellbeing and safety of children. Multi-disciplinary teams of allied health practitioners and social workers deliver a coordinated service that ranges from specialist assessments, individual therapy, group programs and playgroups, and support to connect with other services, including the NDIS where needed.

A core element of these services focuses on improving the capacity of those people closest and most significant to their child – their families, parents, and carers – to understand and manage their child's development issues. The

team also works with mainstream service providers, including early education settings to ensure the right supports are in place for the child.

Demand Outstrips Capacity

The number of vulnerable children and difficulties accessing appropriate, affordable allied health services in the community, mean that there are often long waiting lists for Child Health services.

Access Health and Community, a community health service in the east of Melbourne, supports over 1,200 families each year through its seven Child Health service staff. While most families can access an initial assessment within three weeks, wait times for more complex multi-disciplinary assessments are up to two months, and for ongoing therapy averages three to six months. For young children in their critical developmental years, this wait can have a significant impact on their outcomes.

Merri Health, a community health service in Melbourne's northern suburbs, provides child psychology supports through Community Health Funding. Due to extensive wait lists to see the child psychologist, Merri Health has restricted eligibility criteria to children yet to start school and prioritised those not accessing any other services.

This has highlighted a significant gap in available services for children in their primary school years (6 to 11 years) where there is a growing percentage of children requiring support for anxiety and depression. This service gap is increasingly of concern as research is demonstrating the ongoing impacts of COVID on young children's social and emotional development, with many challenges not emerging until their school years. Support is needed for children in early primary school to prevent anxiety and depression from becoming long standing health issues.





Community Paramedics Model

Sunraysia Community Health Services in Mildura has implemented an innovative Community Paramedics model researched for 10 years by McMaster University (Canada).

This program is proven to decrease emergency department visits and chronic disease risk, and improve quality of life.

In 2022, SCHS employed paramedics to work with high risk communities impacted by health inequities.

This service operates within a social determinants of health framework; 1:1 health assessments, support to connect with other services, address food insecurity and facilitate social connectedness.

This innovative model could be scaled across all community health services to reduce demand on the health system and improve community health and wellbeing outcomes.

Tapping into a New Workforce

The Community Paramedics model was launched by Sunraysia Community Health in August 2022 and leverages the untapped skill set of trained paramedics. There are over 6,500 trained paramedics not working within the ambulance emergency sector.

This program extends the current career path of paramedics, facilitating the opportunity to remain within their chosen discipline.

Paramedics are provided with specific training to support community members and provide holistic, preventative health services.

Preventative Health in the Community

"You go into a doctor, you tell them what's wrong, they go ... Here's your prescription, Bye! I come in at the paramedic and she sits down, she talks to me, she asks me questions that no one's ever bothered to ask."

xxv - John, Community Paramedic

Client Sunraysia

The aim of the Community Paramedics program is to engage members of the community that are at risk of health inequities resulting in poor health outcomes.

Community paramedics with program-specific training work within a Social Determinants of Health Framework, incorporating a relationship based model to provide members of the community clinical and social health care. Paramedics take an integrated approach to all new clients and offer:

- 1-on-1 sessions with clients on a regular basis (weekly, biweekly, or monthly)
- Drop-in opportunities during community sessions
- Evidence-based health assessments
- Referrals to primary care and community resources
- Health literacy
- Assistance navigating the health care system
- Tailored health education
- Healthy lifestyle discussions
- Health goal setting
- A community meal
- Social connectedness.

Innovating in social prescribing



Community health services have been leading the way in implementing innovative new social prescribing models that work to address the social determinants of health. Social prescribing is a non-medical intervention that connects people with their communities to address loneliness, isolation and exclusion, all of which have a significant impact on health.

There is a growing evidence base for social prescribing that demonstrates improved health and wellbeing outcomes and reduced demand on health professionals through social prescribing^{xxvii}.

Integrated Social Prescribing

IPC Health in Melbourne's West is one community health service that has been innovating in social prescribing since 2019. Wellbeing Coordinators work collaboratively with clients to develop individualised social prescribing plans and to connect them with a range of community activities and services. Referrals are accepted from clinical and non-clinical services and Wellbeing Coordinators participate in case-conferencing to ensure social prescribing is part of an integrated model of care.



Addressing Social Isolation during COVID-19:

When COVID-19 struck, IPC Health quickly adjusted the program to align with the community's new needs. Wellbeing Coordinators shifted focus to building COVID-19 health literacy, addressing digital isolation concerns and monitoring risk for isolated clients during lockdowns.

A new Steps to Reconnect program was developed that allowed community members in Brimbank and Wyndham to connect and exercise together in their local parks. Over time this was expanded to include other settings such as libraries.

Achieving Outcomes

IPC Health has seen over 400 Social Prescribing clients since 1 July 2021, connecting them to over 100 different types of groups, classes and clubs across approximately 75 partner organisations. Reduced isolation and improved quality of life are consistently achieved for social prescribing clients. One client – Mary – had only recently returned to live in Australia from overseas at the start of the COVID-19 pandemic.

She was experiencing significant isolation, deteriorating mental health, and a number of chronic and complex health issues. Through the social prescribing program with IPC Health Mary was able to build social connections in her community, and address her feelings of disconnection and isolation. She is engaged in community exercise programs and weekly craft groups, which are having a positive impact on her health.



All 24 registered independent community health services



Community Health Value Proposition

Proposition

Elevating the role of community health will help to alleviate the overwhelming demand currently dampening Victoria's healthcare system.

Purpose

To improve the overall health, wellbeing and quality of life of all Victorians.

HOW WE DO THIS

Reach the most disadvantaged



We prioritise healthcare access and community support to people who need it most.

Victorians with the poorest health and the greatest economic and social needs are put first.

This means that community health can reach and properly care for people who often 'fall through the cracks' of the service system.

Relationship-based



We build relationships and connections across lifetimes and generations by working with all kinds of people to help them to lead a healthy and happy life.

Strong community connection and stewardship



We engage and support people on their terms. We operate from a social model of health and actively participate in, and contribute to, local communities.

This strong community connection means that community health workers can better respond to locals who need help and better address factors that influence health.

We have the connections to connect people with the care they need across health and social services and can rapidly organise system-wide responses to emerging issues.

IMPACT

People



Local Communities



Agile and responsive



With our partners, we find innovative ways to address the social determinants of health and community capability.

COVID-19 in particular showcased the agility of community health and the ability of services to rapidly establish responses.

Community health services and workers were able to connect with at-risk individuals, meaning those who had no access to healthcare were able to obtain vaccinations, testing, education, and support.

Upstream investment



We pinpoint the root causes of health inequalities and invest in targeted, large-scale health promotion and prevention programs.

These programs are able to reach hundreds of thousands of people and help reduce social and economic pressure on people, communities, and governments.

We actively reduce downstream costs and excess demand on the healthcare system.

Clinical capabilities



We provide high quality primary care and multi-disciplinary clinical services in the community, supported by robust clinical governance.

We are equipped to care for people when and where they need it and have the expertise to keep Victorians healthy and out of emergency department waiting rooms.

Policies and systems



Economy



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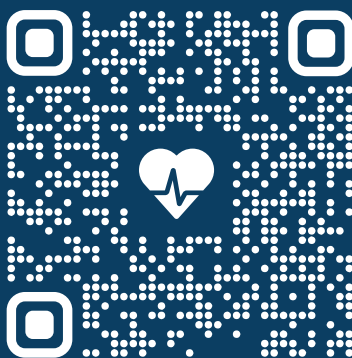
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