Reaching harder to reach the hard to reach.....

Presentation to the Queensland Divisions Forum

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What is required?

**National Health and Hospitals Network Agreement**

**Role of Medicare Locals**

- Identify groups of people missing out on GP and primary health care or services that a local area needs and better target services to respond to these gaps.
- Health promotion and preventative health programs targeted to risk factors in communities.
- Population level planning.
What do we know?

The disadvantaged and marginalised have poorer health

- Aboriginal and Torres Strait Islander people
- People living in rural and remote areas
- Disadvantaged Australians (low income, multiple disadvantage)
- People with disability
- Prisoners
- Refugees and refugee claimants
- Homeless people

Australia Health 2010 AIHW /50 Lives 50 Homes Micah Projects/Mater Health Services
Why?

**Limited or inappropriate access to primary care services**

**Affordability** - Access to bulk billing GPs; affordability of medication and follow up care

**Attitudinal** – Distrust/wary of government services/don’t want to be judged eg child protection issues; drug user; sex worker

**Health isn’t the only issue** - more complicated problems eg housing, unemployment may take priority

**Too hard** - People with mental health problems, homeless

**Lack of Knowledge** – health literacy; language barriers

**Limited services** – Rural and remote; Aboriginal and Torres Strait Islander communities
What is the result?

This costs the acute end of the health care continuum

If the socially excluded and those at risk acquired average hospital use characteristics → savings of nearly a quarter of the total public hospital budget

- $1.22 billion for the socially excluded
- $773 million for at risk groups

Mangan, John, Implications for the Queensland Economy from current world economic conditions. University of Qld (on behalf of QCOSS) 2009
What can make a difference?

A primary health care system that:

• Works with services who are trusted by disadvantaged and marginalised people

• Addresses multiple issues – housing, employment, stable and positive lifestyle for themselves and their families.

• Is accessible - where disadvantaged and marginalised people are

• Works within a multi-disciplinary and cross-sectoral approach

• Is affordable
Features

- Knows the community - including who is missing out and why
- Plans services to meet the needs of the “hard to reach”
- Works with disadvantaged and marginalised communities to do this
- Works in partnership with local services who do reach them
- Targets areas of disadvantage/high need
- Delivers services in a variety of settings and in a variety of ways
- Evaluates and improves

This requires

- Comprehensive data
- Understanding the mix of existing services and resources
- Strategic partnerships; local level agreements; information sharing
- The right settings for delivery of services eg outreach; community based; and specialised services
- Support for the vulnerable eg interpreters; health advocates; transport
- Flexible funding/service delivery
- Training and development
- Performance measurement focused on client outcomes
- Sharing of learnings
No-one is hard to reach…… It just takes innovation and creativity. This may mean doing things differently……