HEALTH PRIORITY:
VULNERABLE POPULATIONS

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WHY IS THIS A HEALTH PRIORITY?

Some groups in our community experience significant inequities in accessing health services, and in their experience of health care and health outcomes.

ACT PHN has identified the following population groups which require improved support, resources and access to ensure they have the same opportunities to experience optimal health and wellbeing as the rest of the ACT population.

The identified groups include people that are homeless or at risk of homelessness, persons experiencing domestic & family violence, CALD/refugees, LGBTIQ, people exiting prison, people with blood borne viruses, families with complex health & social care needs, people with a disability, children and youth and carers.

OUTCOME: IMPROVED ACCESS TO TIMELY, RESPONSIVE AND INCLUSIVE HEALTH SERVICES ACROSS PRIMARY CARE

ACT PHNs 2018 Needs Assessment told us that:

People in vulnerable population groups encounter barriers to accessing mainstream primary health care services.

People who are homeless or at risk of being homeless miss out on primary care services due to lack of regular GP or place of care and ability to access services. Barriers include long wait times, inadequate service options, lack of transport, cost, lack of fixed permanent address for appointment letters and potentially cognitive impairment such as poor memory. This isn't only an issue for accessing a GP, but also psychological services, other allied health and specialists (ACT PHN, 2018).

Based on the 2016 Census, 23.8% of ACT residents speak a language other than English at home (Australian Bureau of Statistics, 2016). Low levels of English proficiency and limited access to qualified interpreters can seriously compromise health outcomes. **Non-English speaking patients** are found to spend more time in hospital, be more likely to suffer adverse clinical reactions and have higher readmission and diagnostic testing rates. Due the difficulty in communicating with providers they **generally have a poorer health status** (Ethnic Communities' Council of Victoria, 2012).

Hepatitis B and hepatitis C are under-tested and under-diagnosed and it is estimated that **there are 2,400 people in living in the ACT with undiagnosed chronic hepatitis B or hepatitis C.** Of the 4000+ people living with hepatitis B and C in the ACT who know about their condition, only 6.4% are receiving treatment (ACT PHN, 2016).

10% of the 25,313 people living with HIV are unaware of their positive status (ACT PHN, 2018). **Access to routine screening and rapid testing, along with timely diagnosis and clinical management is an ongoing issue** for this population group.

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In the ACT, 7,700 women experienced some form of violence in 2015/16 (ACT PHN, 2018). The Domestic Violence Crisis Service in the ACT received 15,664 calls to their crisis line in 2013-14 (ACT PHN, 2016). The 2015 ACT Report on Domestic and Family Violence highlighted that **clinicians can miss domestic violence as they tend to be focused on symptoms and interventions.** There is a variance in how clinicians deal with domestic violence and it depends on their skills and experience. Some clinicians are hesitant about asking questions and are unsure who they can refer to.

Consultation undertaken by ACT Health Care Consumers Association in 2013 highlighted that **the search for a GP who possessed both adequate knowledge and sensitivity to assist LGBTIQ consumers with treating/managing and navigating through the system is crucial.** Consumers stated that for transgender people, the GP is the gatekeeper to the first elements of their transition. Consultation with general practitioners highlighted a lack of referral options and other support services available in the ACT to support holistic care (ACT PHN, 2018).

Families experiencing issues relating to poor mental or physical health, financial hardship or support with children with complex needs involve contact with multiple services and a wide range of providers. Care can be disjointed as there is a lack of coordination between all the agencies/services involved. **GPs can play a key advocacy role in helping patients access the care they need and navigating the complex health and social systems.**

OUTCOME: IMPROVED HEALTH LITERACY AMONG PRIORITY POPULATIONS

People with a disability who have been approved for an NDIS plan can find it overwhelming to begin with in choosing their own services, and therefore do not use their funding allocation. **People deemed ineligible for the NDIS need the knowledge and support to understand what services are available to them within their means.** The health literacy and capacity of people with a disability and their families/carers to navigate complex health needs was highlighted as an issue in our Needs Assessment.

According to the Australian Early Development Census results, **1,161 (23.2%) kindergarten children in the ACT are developmentally vulnerable in one or more domains** (ACT PHN, 2018). There is need to educate and engage with parents/carers about early identification and proactive management to address developmental vulnerability.

Approximately one in eight (44,800) ACT residents provide unpaid care for a family member or friend. Four in five carers report below average wellbeing, with carers in Australia reporting the lowest personal wellbeing of any large population group. The NDIS has not improved outcomes for many carers in the ACT, for example, 63% found the time they spent managing the support needs of the person they cared for had increased. Some carers struggle to understand and therefore embrace the NDIS and need improved engagement in health services and to feel supported to navigate the NDIS (ACT PHN, 2018).

References

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