### **GCPHN Needs Assessment 2017: Process and Issues**

## CAC Results, 3rd February 2017

The CAC provided advice to GCPHN to guide the needs assessment process. Key points to be considered by GCPHN include;

Balance between pursuing many small projects with a light impact and fewer projects with greater impact



Work outside silos and go beyond 'health' to ensure considering issues that affect the greatest number of people



Focus on wellness, not just crisis/illness



Include financial impacts of issues and the ability to demonstrate results



# Potential health needs and service issues on the Gold Coast identified by CAC members.

CAC members discussed the health needs and service issues observed in the Gold Coast community. From the initial 67 issues raised, 13 themes were identified and then ranked by members;

- 1. Mental health 2.
- 4. Cost of health services
- Homelessness 5.
- **Domestic violence** 6.
- 7.
- 8.
- 9.
- **10.** Early childhood
- 11. Youth
- **12.** Access and pathways
- **13.** Reproductive health

#### **Gold Coast Primary Health Network**

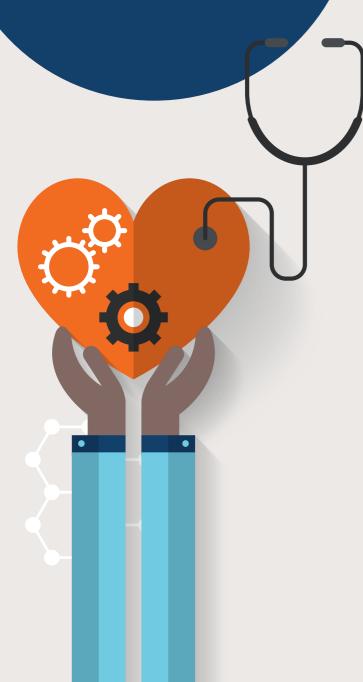
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# Chronic disease prevention and treatment 3. Aged care and palliative care Health literacy, training and workforce **Clinician training and workforce** Marginalised groups (A&TSI, CALD, LGBTI)



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As well as identifying issues and ranking themes, CAC members were asked to provide information as to why they felt these were important. Lots of information and detail was created, a snapshot of the issues and motivations behind each theme is provided below.



THEME	WHY IMPORTANT	ISSUES
1. Mental health	<ul> <li>Early intervention saves money</li> <li>Personal experiences</li> <li>Attention on ice and homelessness</li> </ul>	<ul> <li>Treatment lacks en</li> <li>Difficult to access p</li> <li>Men, children and additional support</li> </ul>
2. Chronic disease prevention and treatment	<ul> <li>People live longer, more chronic disease, increasing costs</li> <li>Experience of family, friends and self</li> <li>Saves money over time</li> </ul>	<ul> <li>Reduce hospital ad</li> <li>Obesity</li> <li>Lack of awareness</li> </ul>
3. Aged care and palliative care	<ul> <li>Population is aging</li> <li>Concern about what will be available for me 'at the end'</li> <li>Need for true consumer directed care</li> </ul>	<ul> <li>Knowledge of and a (including dementi</li> <li>Young people in ag</li> <li>Preventing hospita in their homes</li> </ul>
4. Cost of health services	<ul> <li>Personal experiences of not accessing care due to cost</li> <li>Observation of families with young children</li> </ul>	<ul> <li>Access to medication</li> <li>equipment</li> <li>Dental care, cost is and treatment</li> <li>Options for those r</li> </ul>
5. Homelessness	<ul> <li>Pressure on social resources</li> <li>My lived experience, I know lots of people with issues in this area</li> <li>Seems 'swept under the rug' and never addressed, needs a holistic approach</li> </ul>	<ul> <li>Nursing Clinics loca Immunisation / Wo</li> <li>Homelessness often including health con</li> <li>People are grouped same when they no</li> </ul>
6. Domestic violence	<ul> <li>Focus is often on policy and legal aspects, health aspects are poorly recognised and resourced</li> <li>Link with mental health and potential for escalation to death</li> <li>Health and living conditions have an impact on domestic violence</li> </ul>	<ul> <li>Counselling for per</li> <li>Access and linking the health services</li> <li>Health impacts on</li> </ul>

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admissions

ss of prevention

d access to services ntia specific) aged care settings italisation and keeping people

ation and medical aides/

is a barrier for both prevention

e not eligible for concessions ocated with Rosies' Wound Care en related to multiple factors onditions (mental health, AOD, etc) bed together and treated as the r need an individual response perpetrators og traditional services with

on all involved including children



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7. Health literacy, training and education	<ul> <li>Technology is improving access to our health information, need to understand and utilise it</li> <li>Health literacy empowers people and helps them engage with their health = better prevention and future cost savings</li> <li>Clinicians and consumers should be able to access real time information and discuss it together</li> </ul>	<ul> <li>Person centred model requires education of individuals</li> <li>Support people to take responsibility for their health</li> <li>Help people understand the options available to them and make informed choices</li> </ul>
8. Clinician training and workforce	<ul> <li>Services and knowledge relevant to my condition are scare</li> <li>Evidence supports improved outcomes through team based care</li> <li>Person centred needs professionals to understand language is important, laymens terms, check understanding</li> </ul>	<ul> <li>Person centred care, a new approach for many</li> <li>Collaboration across professions needs to be encouraged</li> <li>Inclusion of community and consumer – needs support</li> </ul>
9. Marginalised groups (A&TSI, CALD, LGBTI)	- Continually seem to fall through the cracks	<ul> <li>Health inequality</li> <li>Respectful, appropriate care</li> <li>Inclusion and impact of stigma</li> </ul>
<b>10. Early childhood</b>	<ul> <li>Cost of services</li> <li>Changes to systems ie immunisation register enforced</li> <li>Therapies and support for teens, treatments that change with age as health needs change with age too</li> </ul>	<ul> <li>Autism in school children, particularly high school students. Most therapies are aimed at kids</li> <li>Immunisation, Pregnancy Care, Early Intervention</li> <li>Early childhood education, not to underestimate their knowledge and understanding</li> </ul>
11. Youth	<ul> <li>Prevention is important to avoid future disease</li> <li>Potential to engage early and participate in own health life-long</li> </ul>	<ul> <li>Same resources as adults, need education</li> <li>Communication, knowledge and health literacy needed about services</li> </ul>
12. Access and pathways	<ul> <li>Prevention approach, part of cure</li> <li>Improved health care management</li> </ul>	<ul> <li>Holistic approach to care and services including spiritual</li> <li>Support services are diverse, help needed to understand and access</li> </ul>
13. Reproductive health	<ul> <li>My own and others lived experiences</li> <li>Lack of choice/refusal to honour said choice</li> </ul>	<ul> <li>Reproductive rights and choices</li> <li>Abortion</li> </ul>

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