Charles Sturt University

A local approach to improving health service access for people living homeless

Rohena Duncombe

8TH RURAL HEALTH
AND RESEARCH CONGRESS 2019

WEDNESDAY 16, THURSDAY 17 AND FRIDAY 18 OCTOBER 2019
LISMORE, NSW

HETI HEALTH EDUCATION & TRAINING

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BED OF CARDBOARD
STIFFENING BODY
A BREATH OF FROST

MARCUS KNUTAGARD

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How I came to this project:

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Background to this research

- Macro context – international and national The shift in the west to neo-liberalism that has been accompanied by increased inequality since the 1980s in Australia, Canada, New Zealand, the UK and US. This increases the importance of health service delivery accurately and based on the evidence, to those in most need as this population is destined to grow in Australia over the foreseeable future under current policy settings.
- Meso context – NSW and Byron Bay Byron Bay has the highest pro rata homelessness rate outside of urban NSW. Through State government regionalisation policy it has lost significant services for people living homeless.
- Micro context – individual circumstances and impact People living homeless have a life expectancy of 47 years and have more ill health and more multi-morbidities than the general population. These arise from poverty, social exclusion and environmental exposure. Many pathways into homelessness but it is dominantly via poverty and abuse

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The furthest first – leave no one behind

UN Sustainable Development Goals (SDGs) 2018

We need: a commitment to the furthest first, fit for purpose delivery to the neediest, prioritisation of neediest not of the majority. Health access should be delivered to the neediest first – not to the most able and resourced, who have options. That is, it requires a change of health spending priorities (not necessarily of health expenditure).

Gwatkin, Wagstaff & Yazbeck – health services intended for the poor are largely taken up by the middle class

Julian Tudor Hall – The inverse care law

Marmot & Wilkinson - SDoH

Wilkinson & Pickett – Increased equality benefits everyone

Piketty – Wealth continues to accrue to the wealthiest as a dynamic of capitalist economies. Without intervention inequality increases.

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Barriers to access

- People living homeless
- People providing services

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Local action

As a by-product of service delivery policy changes:

- services are now based outside of the Shire
- no State level or Federal level services based in the Shire
- Only the Local government has a Shire wide perspective (but no income or authority to address housing, social security or health)

Collective impact – effective collaboration depends o who is in the room

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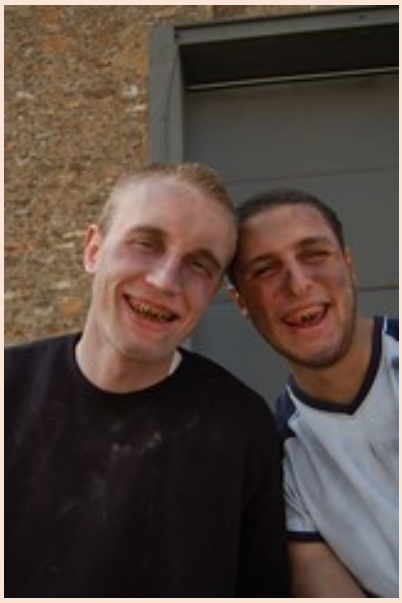
Methodology

- Across social boundaries: People living homeless and people providing services
- Participatory – to an extent
- Action



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Results to date

- Dental
- Pharmacist – GP co-operation
- Council enforcement versus Homeless MOU
- The prevalence of abuse, and misunderstanding
- Helping people who are homeless is difficult – under-resourced, fragmented sector

Other identified needs:

- A hub/drop in
- Physio, podiatry, hep C, public health
- Street support - expert by experience, case managers…
- Shite wide collaboration

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Take home message

- Kindness and respect
- The furthest first
- As a professional, advocate for social justice
- Primary health needs to be based on social priority

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References

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Gwatkin, Wagstaff & Yazbeck (2005) Reaching the poor with health, nutrition and population services, WHO

Marmot & Wilkinson (2006) The Social Determinants of Health, Oxford University Press

Piketty (2014) Capital in the twenty-first century, Belknap - Harvard

Tudor Hart (1971) The inverse care law *The Lancet*

Wilkinson & Pickett (2018) The inner level: How more equal societies reduce stress, restore sanity and improve everyone's well-being, Allen Lane

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What we've lost – homeless services
The importance of inclusion (related to loss of community health as a preferred delivery strategy)
The lack of local cohesion in health service delivery to the neediest
We need: a commitment to the furthest first, fit for purpose delivery to the neediest, prioritisation of neediest not of the majority (the erstwhile majority have alternatives), ie a re-allocation of resources not an increase in them,
Process for co-operation between Council, LHD, Housing and PHN at the Local, ie Shire level

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Rohena Duncombe and Silver Lotus

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