

# Community Health

Community health services are publicly funded primary care organisations that deliver an integrated model of healthcare to their local communities.

The links between social disadvantage and poor health outcomes are well established. Community health services offer a not-for-profit, accredited and safe platform that integrates health and social services.

Firmly committed to equity of access and health outcomes, community health services aim to ensure everyone can access high quality health and medical services, in a timely manner, close to their home and regardless of their ability to pay.

The community health sector consists of not-for-profit independent charities and community health services operating within and outside of public hospitals, both in metropolitan and rural Australia.

Community health services across Australia vary, offering a diverse range of services, including:

- Allied health services
- Child health services
- Chronic disease management
- Dental health services
- Disability services
- Drug and alcohol services
- Family violence services
- General practice
- Health promotion
- Home and community care services
- Indigenous health services
- Mental health services
- Post-acute care services
- Refugee health
- Rehabilitation services
- Sexual health and family planning.

Community health services may receive government funding from the Commonwealth through the Medicare Benefits Schedule or grants, through commissioning by Primary Health Networks, or from state/territory government programs.

## AHHA POSITION:

- ✧ Multi-disciplinary community health services should continue to be supported to provide a wide range of services tailored to community need that improve health, wellbeing, and reduce unnecessary hospitalisations across Australia.
- ✧ Coordination of community health services with primary and acute care services must be supported and maintained to address growing health challenges associated with increasing numbers of people with complex chronic conditions, an ageing population and continuing pressure on hospitals.
- ✧ Governments must commit to the resourcing and delivery of primary and community healthcare that extends beyond the Medicare Benefits Schedule and includes the full suite of services and programs delivered by community health services.
- ✧ The development, delivery and evaluation of services should be underpinned by consumer co-design to ensure desired client outcomes, experiences and equity of service delivery.
- ✧ Current, reliable and relevant research is needed to enable the development and implementation of models of care that support community need and promote access, including the use of telehealth and virtual care.
- ✧ The amount and distribution of funding should be informed by systematic methods of identifying and understanding the needs, demand and priorities of communities to enable flexible provision of services tailored to local need. This includes an analysis of current and unmet demand for priority populations, using population demographics, future estimates, indices of disadvantage and health risk factors.
- ✧ Effective monitoring of funded services should be underpinned by purposeful data collection that ensures services reach priority populations and achieve defined outcomes.

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