

LATROBE HEALTH ADVOCATE QUARTERLY UPDATE

January - March 2022



Latrobe Health
Advocate



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Latrobe Health Advocate
2 Tarwin Street, Morwell
Phone: 1800 319 355
Email: info@lhadvocate.vic.gov.au

A MESSAGE FROM Latrobe Health Advocate



Jane Anderson



I am pleased to present this update from the Office of the Latrobe Health Advocate for the period January- March 2022. Access to Services was the top aspiration identified by Latrobe communities this quarter. This is the first-time Access to Services was the highest-ranked aspiration in each of the three months of the quarter and the focus of 42% of community conversations.

I heard about the struggles of some community members who had difficulty accessing GPs and other health services. Some people opted to go to the emergency department, some were trying to educate themselves via Google and others were not taking any action, which may have led to a decline in their health.

Healthy Lifestyles was also among the top aspirations identified by Latrobe communities this quarter. A healthy lifestyle means different things to different people and were described in a way that reflects individual experiences and aspirations.

I continued to hear from people about the importance of Mental Health support which can be hard to find and access and that COVID-19 has impacted people's mental health.

Health Equity was also an aspiration for people in the community. I heard about the inequity that people have faced, such as not being able to afford fees for specialist services post-operation.

Although the vaccination rates for Latrobe are high, with at least 95% of eligible people have received at least two doses, there are still people in Latrobe who may not be vaccinated. Five per cent of the Latrobe population equates to approximately 3800 people. In February, the Latrobe LGA was ranked in the bottom 10 in Victoria for third dose vaccinations and rated poorly for vaccination rates for 5 - 11-year-olds.

The number of new COVID-19 cases in Latrobe increased during the quarter and data shows that communities are accessing RAT and PCR testing options. I understand that across Victoria, there has been an overall reduction in hospitalisations.

This quarter I invited Victoria's Chief Environmental Scientist, Mark Taylor to join me as I travelled on local buses to discuss issues impacting people in Latrobe. Myself and Mr Taylor reflected on the positive feelings expressed by people we heard from about living in Latrobe. There was a diversity around conversations about health and well-being and the environment and many different perspectives were heard.

As always, I look forward to hearing from more of you in coming months and encourage you to contact me on 1800 319 255 or via email at info@lhadvocate.vic.gov.au at any time.

Remember you can follow my work on Facebook, Twitter and Instagram.

You can find copies of all the reports we publish along with this quarterly update on our website.

www.lhadvocate.vic.gov.au

Jane ””

@LHAdvocate



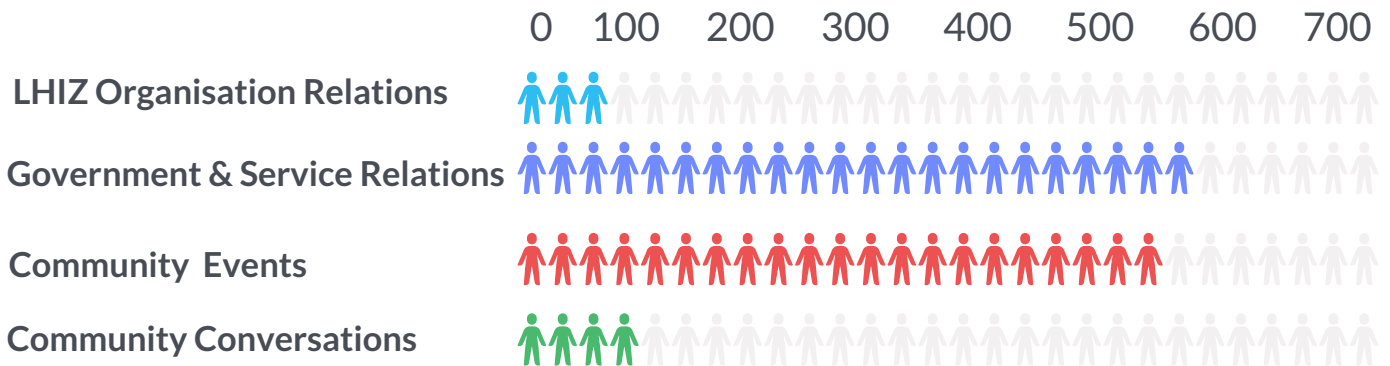
QUARTERLY BREAKDOWN



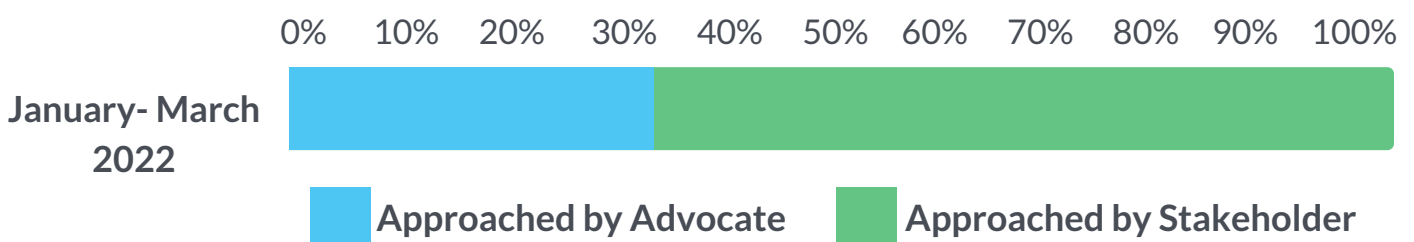
OFFICE ACTIVITIES



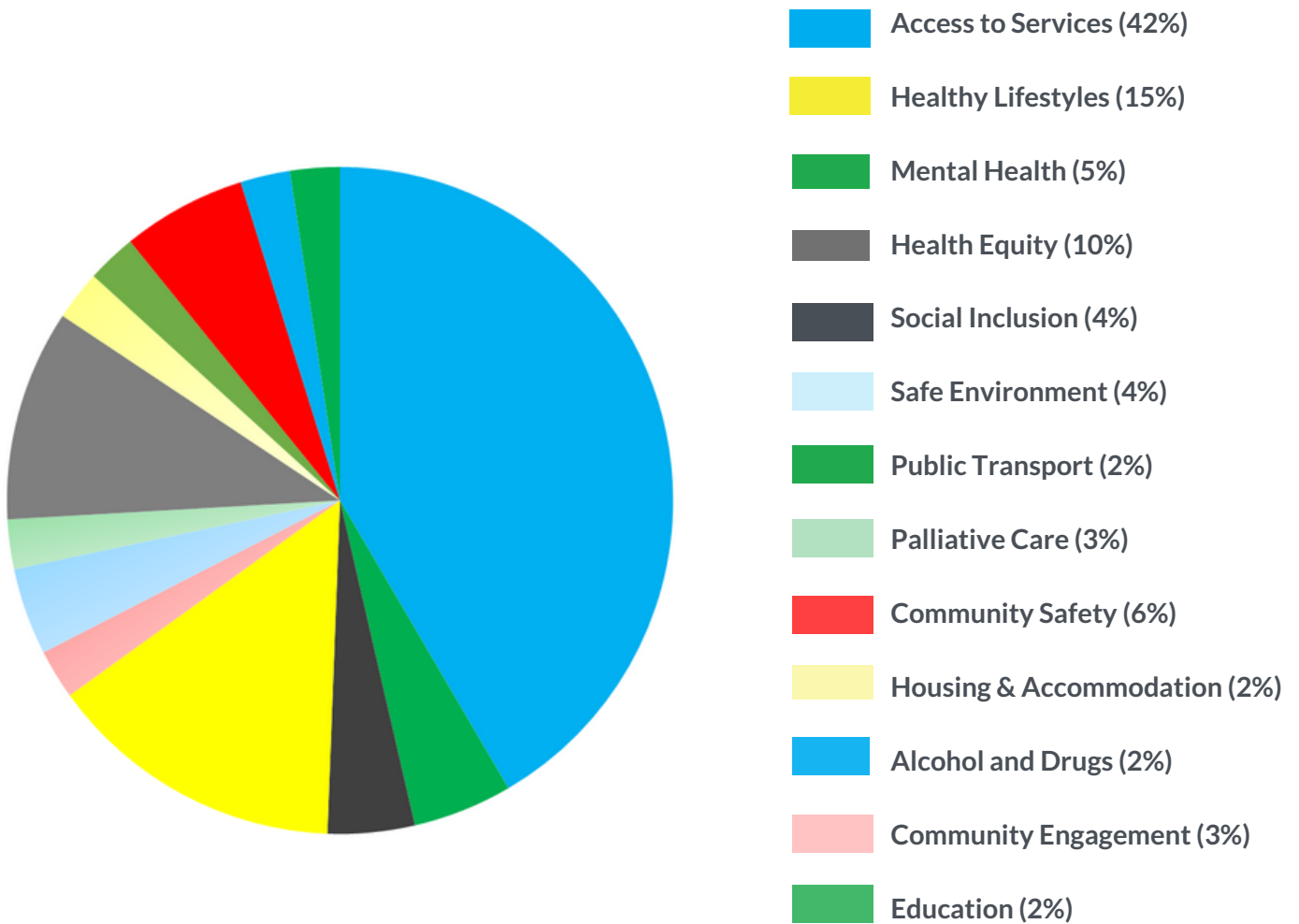
NUMBER OF PEOPLE



ENGAGEMENT REACH



COMMUNITY ASPIRATIONS



1 Access to Services



42%

There are differences between the services available to people in Latrobe compared to people who live in Melbourne with doctors and specialists less likely to live and work in the area, either visiting on a limited basis or staying for a short tenure.

The Advocate heard from some people that they are put off by accessing GPs (and other health services) if the experience is unpleasant, if there are language or cultural barriers, if systems and processes are difficult or overly complex, if they feel rushed or judged.

People want to promote the regional lifestyle, education offerings and more affordable housing in Latrobe. They want systems that encourage doctors to stay in the area, and to bring their families with them. It has been suggested that the story of the Latrobe Valley is promoted, and that more work is done to embrace different cultures and diversity within the community.

"It's like a revolving door, doctors are there for a while and move on."

"Services are fully booked and it's hard to get in. You must have an appointment for everything."



2 Healthy Lifestyles



15%

People have shared what it means for them to live a healthy lifestyle. A healthy lifestyle means different things to different people and is described in a way that reflects individual experiences and aspirations.

It is common for people to share ideas about recreation, exercise, healthy eating, screening and health promotion campaigns. People often talk about the need to look after themselves and to help others do the same. Looking after yourself means that you may not need to see a doctor as often. Recreation is good for children and young people, and in turn, it can help parents to be happy.

For some people cost, proximity and limited options can be a barrier to achieving a healthy lifestyle.

"If you get in early and solve the problem it means you are not paying for the problem for life, it makes economic sense."

"Healthy lifestyle means bike riding, eating well and looking after yourself."

3 Health Equity



10%

Health Equity was also an aspiration for people in the community. The Advocate heard about inequity that people have faced, such as not being able to afford fees for specialist services post-operation.

People have described not being able to afford transport to access services and a lack of housing.

People have suggested they need access to free mental health supports.

The Advocate heard that family violence can be addressed through education for young people in schools and early intervention to break the cycle.

"They think I am too old. I felt that because of my age I don't matter."

"Contacting services is all about technology - press 1 for this, press 2 for that."

4 Mental Health



5%

Accessing mental health services is a priority for some people including teenagers and people over 60. The Advocate has heard that mental health supports can be hard to find and access, and that COVID-19 has impacted people's mental health.

There can be long wait times and it is not easy to navigate the system. When services are in high demand, it can extend the wait time for people and may lead to a lack of follow up. Some people are asking about where the Government investment is going and if the funding announcements will lead to the care that individuals need.

New services such as the mental health café may be the right setting for some people but not everyone, therefore other options need to be available.

"Latrobe Valley needs more variety of psychologists, and in more settings such as schools."

PRIORITY CAMPAIGNS



END OF LIFE PALLIATIVE CARE

There are stark inequities between metropolitan and regional Victoria that are experienced by patients when they need to access both metropolitan specialists and regional health services.

It can be problematic to transition between these contexts with lack of communication and relationships amongst staff and limited system integration.

There is an urgent need to build the capacity of the Gippsland palliative care workforce, build the infrastructure and implement a phased approach to strengthening the variety and quality-of-service offerings available to communities

There is a general lack of awareness of the services offered through Maryvale Private Hospital and an opportunity exists to create public-private health service partnerships to enhance the palliative care system in Latrobe.



IMPACTS OF COVID-19

The number of new COVID-19 cases in Latrobe increased during the quarter and data shows that communities are accessing RAT and PCR testing options. The Advocate understands that across Victoria there has been an overall reduction in hospitalisations.

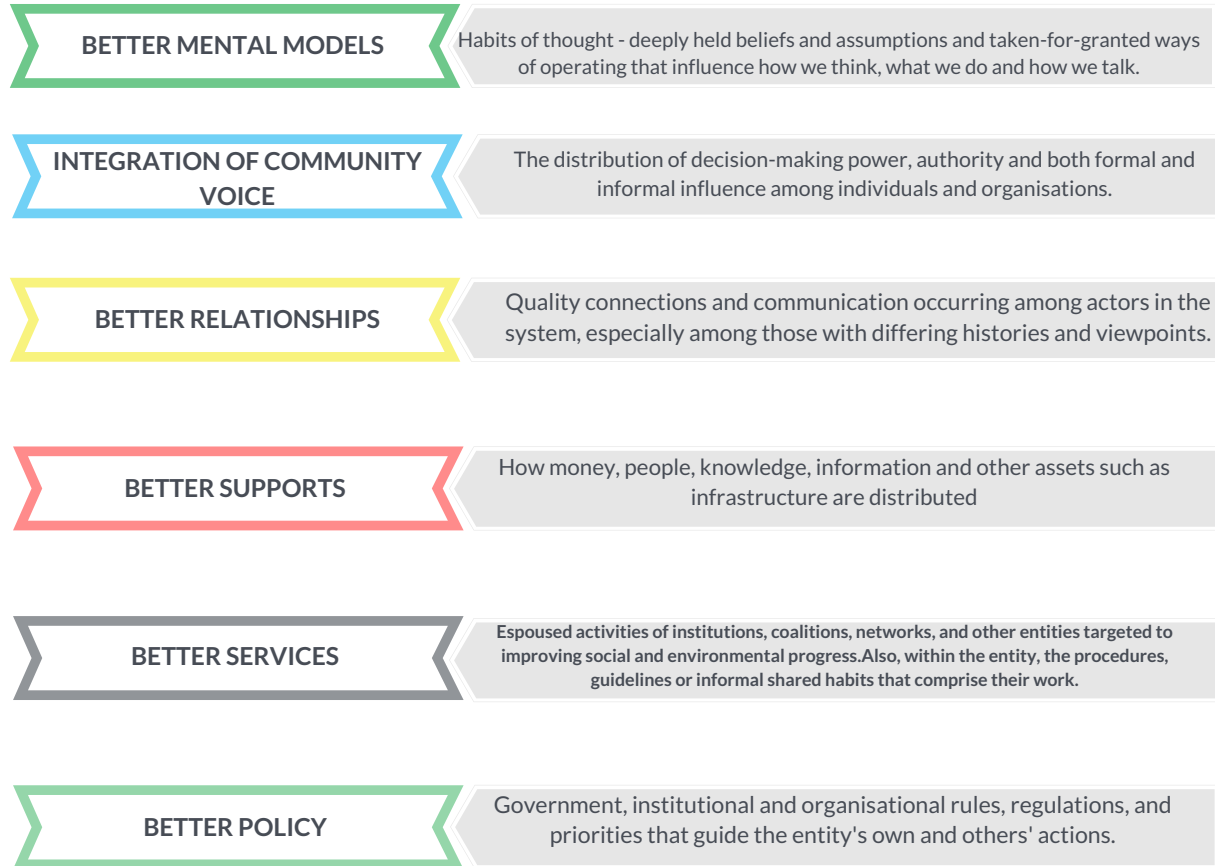
Although the vaccination rates for Latrobe are high, with at least 95% of eligible people having received at least two doses, there are still people in Latrobe who may not be vaccinated. 5% of the Latrobe population equates to approximately 3800 people. In February the Latrobe LGA is ranked in the bottom 10 in Victoria for third dose vaccinations and rated poorly for vaccination rates for 5 – 11-year-olds.

Local health organisations recognise the value of working together to coordinate their efforts and have identified that generalised population health and vaccination data only provides them with part of the picture. It is through direct and deliberate community engagement that these organisations have been able to better understand who else in the community they need to reach and how to go about doing this.



SYSTEMS CHANGE

The Advocate sees better systems of health and wellbeing driven by six elements:



BETTER MENTAL MODELS

Gippsland Regional Public Health Unit (GRPHU), in partnership with other services, has recognised that local knowledge and engagement data are essential to gain a more complete understanding of the health and wellbeing needs of the community and to assist services in accessing people in the community.

BETTER SERVICES

Latrobe Community Health Service has introduced a decay stabilisation approach, oral education and all family approach during telehealth to enable prevention and reduce oral health deterioration.

Gippsland PHN has provided funding and partnered with others to provide services in community settings such as libraries to help people to access technology and My Gov.

With the help of Latrobe Health Assembly, the Department of Health has established engagement methods to get COVID-19 messages out quickly and minimise bureaucratic processes. This approach incorporates shared leadership.

BETTER SERVICES

Seventeen organisations worked together to produce a community sports day which enabled service-to-service relationships and consequently, better service coordination and integration.

BETTER SUPPORTS

Gippsland PHN has responded to community needs to fund a “vaccine helpers” program.

Latrobe Regional Hospital continues to invest into staff wellbeing, has introduced technology for communication and is offering a support from dieticians.

BETTER POLICY

Latrobe City Council is implementing a new approach to delivering preschool programs from different venues such as libraries and local sporting facilities to build accessibility of those venues.

INTEGRATION OF COMMUNITY VOICES

Latrobe Community Health Service is progressing with its strategy to enable innovation and responsiveness to community voice. A core team is in place to establish systems to hear from communities, recruit a community advisory group and build internal capability through use of innovation champions. In implementing this work the core team is drawing on insights from the Advocate's Engagement Inspiration reports