FRIENDS OF CHIRP - CONSULTATION SUBMISSION

1. INTRODUCTION

FRIENDS OF CASTLEMAINE COMMUNITY HEALTH

We are a group of concerned local community members who support the concept of *community health services* and the provision of such services at a local community level. We all attended a Town Hall Meeting in Castlemaine on 22nd October, 2019, to hear that CHIRP (Castlemaine District Community Health) may have to cut services and find a new site due to insufficient funding.

At that meeting a number of us decided to meet together to discuss and plan actions which we hoped would provide a way for the Castlemaine and district community to make our voices heard about how we value and rely on our own independent community health service. The Friends of CHIRP is an independent organization and not part of CHIRP itself although we regularly liaise with them.

We have an established membership and a working group which has been meeting fortnightly since the meeting of the 22nd October. During that time the Friends Working Group (WG) has communicated with the membership by regular emails and written letters to relevant members of the Victorian Parliament and Ministers and attempted to meet with them. We have organized and held a successful Town Hall Meeting of our own in Castlemaine on 10th February 2020 and provided information to attendees about our concerns and our aims, recruiting new members at that forum.

Our activities have been publicised in both the Castlemaine Mail and the Midland Express on a regular basis and we have contributed to the Newsletters distributed in the surrounding small towns in Mt Alexander Shire. We have produced two podcast series and broadcasts for Around the Wireless and Able Radio, programs broadcast on local community radio station MAINfm. The interviews are also available through Apple Podcasts, Podbean and Mixcloud. The Friends of CHIRP are currently organising a letter-writing campaign within the community.

2. EXPERIENCE OF CHIRP SERVICES

Members of Friends of CHIRP include:
*** Service Users and Carers**
*** Volunteers**
*** Past and Present workers in Victorian CHSs and other related community-based support services.**

Their experiences include:

SERVICE USERS

> **"As a user of CHIRP services for over 7 years, I appreciate its central location and affordability.**

I have diabetes type 2 so I see the Diabetes Educator who is my main support for the management of this disease in addition to my GP and endocrinologist. My endocrinologist attends CHIRP and bulk bills.

In addition to the Diabetes Educator, (putting aside COVID 19 where classes are cancelled) I attend a weekly Tai Chi for Arthritis group as I have osteo arthritis. I no longer attend a gentle exercise class as I find Circle Dancing offered by U3A much more stimulating. Tai Chi, dancing and yoga benefit my physical, emotional and mental health. I have sorely missed these activities during the coronavirus pandemic and I know I have become less flexible and more anxious over the past 6 months.

I am an aged pensioner and cannot afford the fees of private services given the range of programs I use. Because the services of the Diabetes Educator and Tai Chi as well as U3A are low cost, I am able to pay for one private class of Yoga per week."

VOLUNTEERS

There are around 80 people involved with the volunteer programs. These are services that don't fit into the standard "Hospital / Health" model. These services allow greater numbers of the community to fully engage and live more fulfilling lives. Volunteer services may seem like a zero cost program but that is far from true. However the money that is used to keep them going is well rewarded with the health outcomes, especially mental health and physical fitness.

We are talking about:

* Youth Mentoring: matching an adult volunteer to working with an at-risk youth to build confidence, social development and reduce social isolation.

* Walking Groups: these assist persons to exercise, engage in history, nature watching and environment, with well-documented enhancement of mental health and physical fitness.

* Strength Training Group: the focus is on older persons that need physical training but are uncomfortable with a normal gym environment or with a chronic illness that need more assistance.

* Social Support: volunteers matched with at risk adults of any age for better social connection, social isolation and social support,

* L2P Program: run by CHIRP in conjunction with TAC to assist youth that do not have the family support networks to get their 120 hours required to gain their drivers licence. Getting a licence enables a young person to gain confidence, independence and expand employment opportunities.

* Castlemaine Secondary College Partnership: here volunteers get involved through the school to give 1-to-1 education assistance to students that need more help than can be provided in a classroom.

COMMUNITY HEALTH CENTRE WORKERS

> **"I have worked in a Community Health Centre as a salaried GP for over 25 years. I have witnessed the enormous benefits of the health education, illness-prevention and team work approaches which have been the hall-marks of *community health*. When I first started work I was a member of a team working on occupational health and safety which visited factories in inner Melbourne, assessing risks to workers and educating workers and management on OH&S issues and ways to prevent illness and injury. Other teams were involved in Family Support, Family Planning and Prevention of Leaded Petrol induced Illness (from the nearby freeway). More recently, teams focused, for example, on Asylum Seeker & Refugee Health, Health Promotion for the Elderly, Pain Management in Musculoskeletal Conditions and Type 2 Diabetes Prevention & Management. These teams contained members from each group of health workers – nurses, counsellors, allied health, diabetes education, multi-cultural workers, pharmacists and doctors.**
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> **Our program involving people with Type 2 Diabetes was responsible for a decrease in ED presentations and patients requiring Outpatient appointments at the local Acute Hospital and training from Endocrinologists at the hospital enabled the CHS to initiate and manage Insulin treatment when required. The results of our team approach in preventing and reversing the progress of Type 2 Diabetes in our area were able to be presented at a national conference on Collaboration.**
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> **Community Health Services have been shown (as in the Beach Reports in the past) to provide clear benefits of cost-effective interventions before illness occurs and before people require acute medical services like hospital care. Collaboration and integration of services is not new and has been shown to be effective when the community health component has been properly resourced and its characteristics maintained".**

3. HOW WE SEE COMMUNITY HEALTH SERVICES

THE ESTABLISHMENT OF A COMMUNITY HEALTH PROGRAM

There is a long history of community-controlled and community-based services, particularly in Victoria.

The Victorian Community Health Sector really started to develop in the 1970s. The rise in the social justice movement led to direct federal funding for community health under the Whitlam government, with federal community health funding grants absorbed into the general allocation to the States in 1981.

The Whitlam Government introduced Medibank and the Community Health Program, together with innovative funding programs for women's health, sexual assault and women's refuges. The Victorian Government accepted Community Health Program (CHP) funds but refused to fund a range of women's services which were funded in all other States. However the CHP was never fully embraced by States other than Victoria.

Initially, the basis for the CHP was the concept that communities should control their own local primary care services using community-elected committees of management, with 'members' who

lived, worked or studied in the local (geographic) area having voting rights. This is very similar to the 'subscriptions' paid by members of Dispensary Services in the 19th Century.

Access to services was to be equal for all who lived, worked and studied in the catchment area. It was deemed important that CHSs were not seen as 'welfare services' but were 'universal' in nature. Incorporating the idea of social determinants of health was integral to the CHCs approach.

Changes in local need led to the development of innovative service responses. The late 80's saw the rise of youth homelessness, drug use and the appearance of HIV/AIDS. 'Drop in' services, which included needle exchange program were started by a number of Community Health Centres (CHCs). Funded federally, the needle exchange programs represented a highly successful national strategy to prevent the spread of HIV/AIDS and Hepatitis C. With increasing waves of new asylum seekers and refugees, as well as increases in migration from new areas of the globe, CHCs were at the forefront in the provision of specific individual and group services to these residents.

Funding sources – Local Government, different State and C'Wealth Departments and philanthropic funding was sought by most CHCs for programs outside the scope of CHP funds including Disability, Aged Care, Mental Health, Housing and other sources of funds.

THE SITUATION TODAY

The early 1990s and the rise of economic neo-liberalism brought funding cuts to community health centres, forced amalgamations in 1994 and an enforced emphasis from the government on clinical services over community participation, development and liaison programs

With funding freezes and outright cuts to funding programs like mental health, in the 2000s onwards, CHC services were restricted in scope and there was a significant variation to the concept of 'community health'.

A new policy defined 'priorities of access' and ever-increasing income-determined fees were imposed on users of CHP-funded services. Even CHCs with employed GPs brought in income-related co-payments instead of the previous universal bulk-billing because of shortfalls in funding and the freeze on bulk-billing rebates.

CHARACTERISTICS OF COMMUNITY HEALTH SERVICES

- Accessible to all those who live, work or study in the Local Government Area (LGA).
- Non-discriminatory services
- Community participation with a focus on responses to community needs for service
- Health education and literacy
- Illness prevention programs
- Particular focus on those with social and economic disadvantage, including nutrition, housing stress, emergency relief (e.g. with bushfires, floods, pandemics) etc
- Service availability to low income service-users who can't afford private health insurance/private services or who wish to use the public health system

- **Working with people with chronic, complex conditions e.g. diabetes, respiratory conditions, musculo-skeletal problems, particularly in the elderly and those with disabilities**
- **Emphasis on health education and literacy, health promotion and associated activities**
- **Mental health support**
- **Drug and alcohol support**
- **Housing support**
- **Counselling support**
- **Other support services where required e.g. Men's Sheds, Family Violence Support, Asylum Seeker/Refugee support**

4. COMMUNITY HEALTH SERVICES IN REGIONAL VICTORIA

Eaglehawk Long Gully (1972), was the first regional Victorian CHC and one of the early six to employ salaried GPs. Castlemaine District Community Health Service (CHIRP) was opened circa 1984 and Cobaw Community Health Services Ltd was established in 1986 as independent incorporated associations identified within the Health Services Act 1988.

At the start, the Community Health Program focused primarily on establishing services located in areas with significant amounts of public housing, especially those with high-rise estates and areas with a high proportion of residents of low socio-economic status. The majority of these were believed to be in Metropolitan Melbourne or in the few large regional cities. With time, it became clearer from data that smaller communities in regional Victoria contained significant social, economic and health-related disadvantage. Young people were moving to cities for education and available work and older people from adjacent farming communities were retiring to their nearby towns, shifting the demographics over time. Data demonstrating a higher burden of some medical conditions in rural areas (e.g. Type 2 Diabetes, chronic respiratory illnesses) and more restricted access to health and other support services, became apparent. A contraction of public transport availability compounded difficulty of access and GP and Specialist bulk-billing rates were also lower in rural Victoria.

Community Health Services were then established in regional towns but most were small, without a full spectrum of allied health and social support services being funded.

Regional Community Health Services have been critical support providers for many decades during particular crises – bushfires, floods, drought and previous pandemics such as Swine Influenza. For example, during the Black Saturday bushfires, local CHSs were amongst the first organisations to attend the firegrounds in order to provide emergency relief and counselling. Inner urban CHSs provided backfill to free up local workers who knew the fire-affected communities well. Currently CHIRP has been active in working with the local community during the COVID19 pandemic (see below).

CASTLEMAINE COMMUNITY PROFILE

In 2018 Mount Alexander Shire had a population of, approximately 19,500 and the 2016 Census showed a population of 6,757 for the town of Castlemaine only.

Castlemaine 2016 Census data shows that the population is *older* than the Victorian average, the median weekly income is *lower*, there are significantly more *females* and more *First Nation people* than the Victorian average.

In Castlemaine 11.1% of the population were in the 20-35 age group (22.0% in Victoria overall).

In Castlemaine 37.1% were in the 60-85+ age group (21.0% in Victoria).

The median age was 33 years (23 years for Victoria).

There were significantly more *females* – 53.8% than *males* – 46.2%. (50.9%/49.1% in Victoria).

Median weekly incomes:

personal	**Castlemaine $555**	**($644 Victoria)**
family	**Castlemaine $1,296**	**($1,715 Victoria)**
household	**Castlemaine $902**	**($1,419 Victoria))**

Household income:

less than $650/week	**33.5%**	**(20.3% Victoria)**
greater than $3,000/week	**6.3%**	**(15.5% Victoria)**

One interesting feature, particularly in light of expanded use of telehealth (phone and video) was that 21% of Castlemaine households did not have access to the *Internet* (13.6% for Victoria overall).

In summary, Castlemaine, and by implication, the Mount Alexander Shire had a significantly older and more female population, significantly lower personal and family incomes with a large disparity in incomes lower than $650/week compared with the rest of Victoria.

All these demographics indicate increased likelihood of preventable medical conditions and the need, not only for the preservation of existing community health services with an interest in provision of health promotion and illness prevention, but for an expansion of services in fair proportion to the needs and demands of the local community.

5. WHAT CHIRP HAS ACHIEVED FOR THE COMMUNITY

WORK OF CHIRP DURING COVID-19 PANDEMIC

During the different levels of COVID restrictions, CHIRP has continued to provide support especially for the most vulnerable eg. those at risk of homelessness. Although support has often been via telehealth, face to face appointments have been possible. Whilst group activities have been cancelled, volunteers have been redeployed eg. to support people who are socially isolated via telephone, assisting with the Community Pantry.

The range of support offered includes:

- **Corona virus testing in association with Castlemaine Health including Don KR, Teachers and school staff, drive through test site,**
- **Distribution of masks,**
- **Distribution of '*COVID-19 support for our community*' resource packs,**
- **Community Pantry,**
- **Telephone support for counselling and health advice,**
- **When restrictions have allowed, walking groups have recommenced with mask wearing and smaller groups.**

> **'Personally, I have appreciated being able to see my Diabetes Educator face to face rather than by telephone as personal interaction is more meaningful than a telephone call. My Diabetes Educator downloads information from my glucose meter and produces graphs of the readings. This is important at a time when the management of the diabetes is more difficult and new medication is being trialled. My Diabetes Educator sat with me and provided support during a telehealth consultation with my endocrinologist which was very useful as the sound quality made it difficult for me to hear. Having my temperature measured at any health facility I attend gives me confidence that I am staying well ie. unlikely to have COVID-19.'**

CHSs' RELATIONSHIP WITH OTHER SERVICES

Community Health Services in Victoria have always worked in partnership with other services, including Acute Hospitals, Local Government, housing and homelessness support services, mental health and psychosocial rehabilitation services, drug and alcohol related services, multicultural support services, emergency response teams, neighbourhood/community houses, to name a few.

In fact, many Community Health Services, including CHIRP, receive funding from Programs other than the Victorian Community Health Program, to manage some of these services themselves. Mental health, drug and alcohol support, housing & homelessness support and multicultural services are some examples of these.

CHIRP has been involved in collaboration with a number of local organisations in delivering community programs, including:

- **The Tai Chi for Arthritis group is run jointly by CHIRP and U3A.**
- **Castlemaine Community House and CHIRP jointly run Nordic Pole walking groups.**
- **Walking group run jointly with Maldon Hospital and Maldon Neighbourhood Centre.**
- **Working with the LGBTIQ community to obtain accreditation for the National Rainbow Tick meaning CHIRP meets the standards of providing safe and inclusive practices and service delivery.**
- **The Community Pantry is a collaborative effort involving 13 organisations including CHIRP.**
- **Castlemaine Health and the Shire of Mount Alexander have long standing relationships with CHIRP.**

CONCLUSION

The Friends of CHIRP want all these services to continue and, in fact, expand as the population increases and the proportion of people with community health needs expands e.g. the elderly and people in socio-economic stress.

The concept of a Health and Wellbeing Community Hub to house CHIRP and other like services is our preferred choice for the delivery of its services to the community. A central place is really essential for the youth as they do not "hang-out" in a hospital setting and would be reluctant to go there. The lack of frequent public transport and issues of accessibility are real barriers for older services users and a community hub in central Castlemaine is a paramount requirement.

The Health and Wellbeing Community Hub would reflect more of a community atmosphere for CHIRP services which is really the essence of *community health*. With the correct direction and finance the Hub could embrace and include more services that would add to Castlemaine's community life.

In essence, Friends of CHIRP support:
1. a *central accessible* Health and Wellbeing Community Hub with easy pathways to access to other related services;
2. a suite of community health services which are *affordable*, with an acknowledgement of the high proportion of low-income residents;
3. services which are responsive to the particular health and social support needs of the community and provision for service users to provide input around service needs as they arise.
4. This could be achieved by the establishment of a *Consumer Advisory Committee* which would meet regularly with the Board and CEO, should it not be legally feasible to have elected consumer members on any new Board.
5. A new Board should contain members with knowledge of community health and support services as well as acute health services and should comprise members of the Mount Alexander Shire community.

feedback

thanks for passing this on
i have spoken with chirp manager before who said it was really good idea but then ages later told me she had done nothing about it. i told her at a suicide prevention forum
i also have a bit more to add...

my issues area about social connection and mental wellbeing and also about bushfire anxiety

every year a few time s a year especially over summer all the things that keep many of us well like peace choir, any classes, community lunch ect- all close- people in families and couples etc head for the beach, etc for family time etc...

but there are many of us that then become very isolated - it is really accentuated over summer and christmas. im sure im not the only one who dreads this time without family, without the community things that hold us to some form of connection.

so my suggestion was to employ different people so those that run things can take a needed break. and smaller groups can continue for those who still need it - probably more so than ever.- maybe even a drop in place people can go.. out side the tea rooms even?

add to the mix bushfire anxiety and threat, heat, isolation and unemployment etc from corona virus and its a pretty ruff mix.

also for some of us we have zero idea where we would go in a bushfire when it says leave early is there some sort of support to help people make a plan? i am utterly overwhelmed and not know what to do. i tried cfa for months but got nowhere.. . i have been in a fire so also quite anxious. i have freinds who live out of town and would like to go to the library for the day of sever or code red... but it may be closed or covid restircted... what do we do? where do we go? how do we settle our nervous systems?

so i guess my letter is about keeping ok. and not feeling supported or connected in doing so.

and maybe a community meal event for xmas lunch in the gardens with covid safe ways or something? so many people get excited at that time of year. and for some of us it is just such a hard day to try and get past.

it would be great to make these changes.
thanks

I have lived in Castlemaine now for fifteen years and have used the services of Chirp many times. My first contact was when someone told me they ran a service up to the Bendigo breast clinic, that is a mini bus took women up to the Bendigo Clinic and we were reminded every two years of our impending appointment. Unfortunately this did not last long, I think I was only able to use it twice. As a non driver this was a very valuable service to me. I have had several altra scans, regular visits to the dietician, and after a bad mental episode visits to

a counsellor, a visit to the asthma nurse after being told I had adult asthma. Something I am still coming to terms with and may require further visits to.
As I live in Wesley hill, the location in Mostyn Street is far more convenient to me than services at the hospital, I do not qualify for a half price taxi and that makes visits to the hospital expensive, when living on the pension. The bus service does meet the needs of appointments at the hospital. Hospital access is dreadful (for non drivers and anyone with a disability) and I do not wish to see Chirp services moved to that site.

I would like to make the following comments:

It is a great thing to have these services integrated. This will ensure less doubling up on services. Job justification, and costs are better managed and utilised.

To retain Chirp in its current building, with them running and servicing cars, the duplication of services, and continued bad management can no longer be maintained.

We must move on to provide more effficincies to allow for the areas not completely satisfied in this region are addressed.

The area is in need of an outreach service for Family Violence issues, as CNV are not providing this at present.

With the new Health Hub planned maybe all the services can finally be brought into one.