

# One Size Does Not Fit All

Supporting the individual to engage in healthy lifestyle choices to make real changes to their future health and quality of life.



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## Case for Change

Broken Hill is one of the most socially disadvantaged LGA's in NSW. Contributing to the social disadvantage of our community the 2011 Census revealed the education levels for Broken Hill were significantly lower than compared to the rest of NSW. The poor education levels have impacted not only on the social determinants of our community but also upon the health literacy and lifestyle behaviours:

- 27% smoke
- 70% obese or overweight
- 7% drink alcohol at harmful levels
- Only 17.4% schooling to year 12
- 20% did not finish year 10
- 46.4% earn below the minimum wage
- 8% unemployed

Health services are accessed by consumers only when health problems become apparent despite the long lead time to this point. We need to reverse the trends of the disengaged health consumer in the rural setting by supporting the community to engage in healthy lifestyle choices to improve health and reduce their risk of chronic illness. If we do not achieve this change the current healthcare services and resources will not be able to meet the increasing demands of the population in the future and our community will have a decreased quality of life.

## Goal

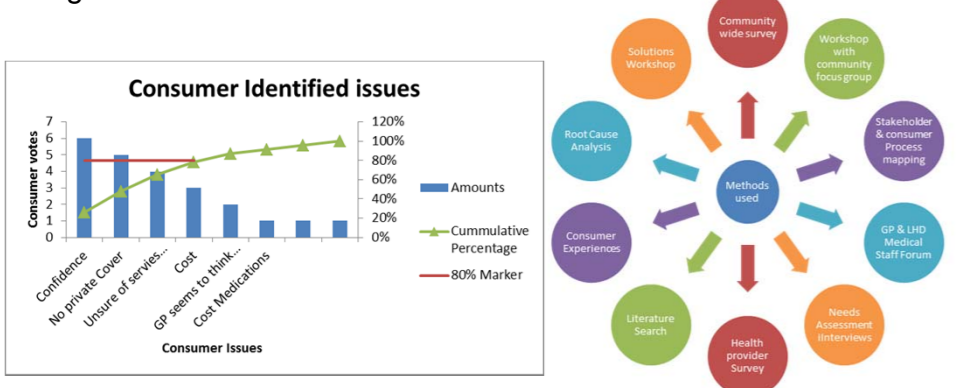
Patients/consumers and providers will utilise health information to become engaged in informed decisions about their health and wellbeing to decrease the future impact on health service resources.

## Objectives

Increased patient activation with 50% of 20-55 year olds not known to a GP living in Broken Hill with 3 or more risk factors of chronic disease engaged in their health and healthy lifestyle choices by 2018  
 Identify person centred engagement models to reduce avoidable hospitalization by June 2018  
 Consumers, providers and services will have access to a shared care planning and coordination information system by January 2017.

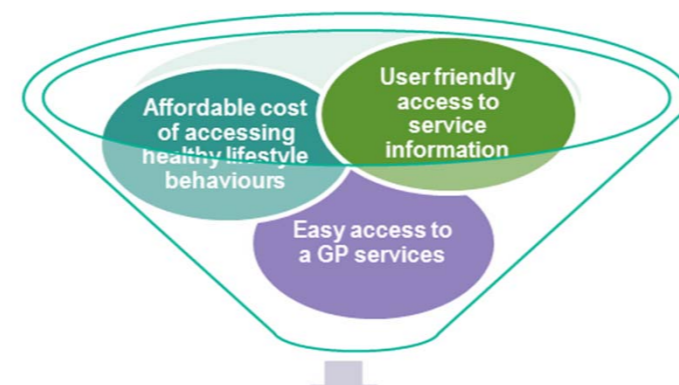
## Method

We used the redesign methodology and utilised a wide range of diagnostic tools.

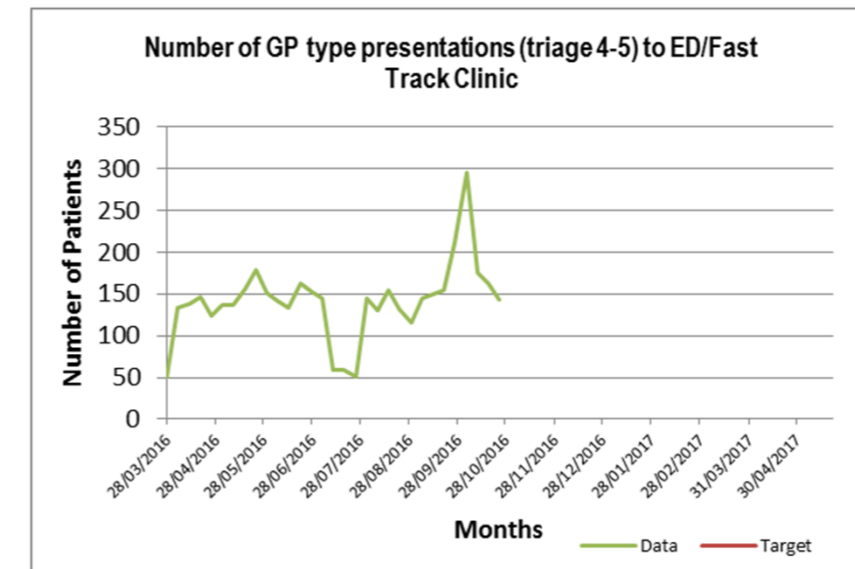
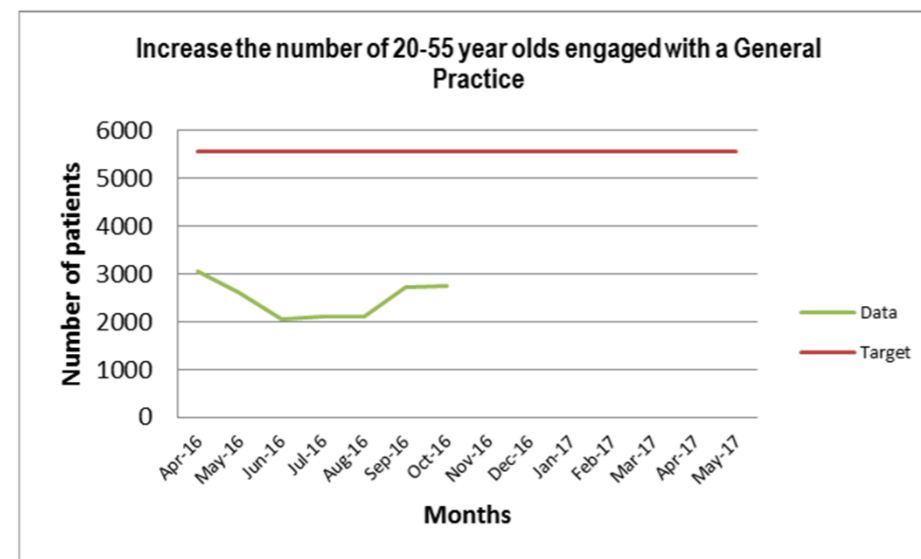


## Results

### BHHS ED/Fast Track Clinic Engagement with GPs Post Presentation of GP Type Patient



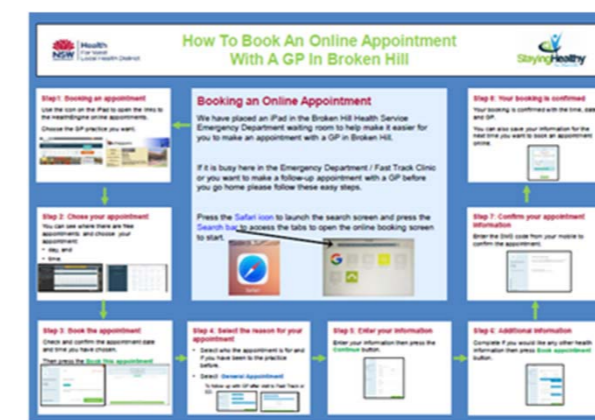
Services delivered are person-centred and responsive and accessible to the needs of the consumer and the community



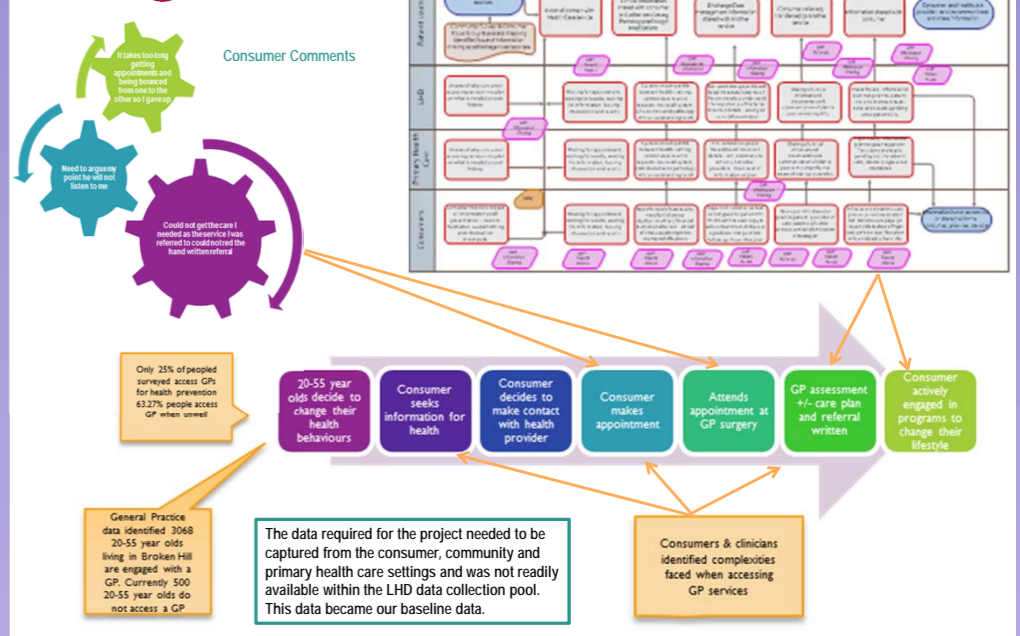
### Consumer Experiences



Easy to use and could book my appointment even when the GP surgery is closed



## Diagnostics



## Sustaining Change

This project is part of the Far West LHD Integrated Care Program to support the LHD and their partners to develop a better connected model of care to support a sustainable healthcare system for our community.

- Through engaging the consumers to:
- Identify real barriers and opportunities
  - Co-design services
  - Develop systems to support access to care and services

## Conclusion

The needs of people in our community vary greatly. We need to understand that One Size Does Not Fit All.

Consumers can better access the services they need when they need them.

If we don't then we will not be able to hold back the coming storm of chronic disease.

## Acknowledgements

Member of the Staying Healthy Consumer Focus Group, Clinical Reference Group and Steering Committee.  
 Mellissa Welsh Manager Clinical Innovation and Redesign  
 Diana Ferry Executive Officer  
 Stuart Riley Chief Executive

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