

Building Health Equity

Listening to the Gippsland community and their needs

Gippsland Primary Health Network (Gippsland PHN) is a not for profit organisation working to improve the health and wellbeing of people across Gippsland. We use data and information from Gippsland people to learn what is most needed.

Gippsland PHN carried out a Health Needs Assessment in 2024- a structured research and consultation process to help us identify and understand health needs and service gaps. A key part of this assessment is giving priority communities and people experiencing hardship an opportunity to share their stories. This work improves our understanding of health needs among people at risk of the poorest health outcomes. This Health Insights paper provides a snapshot of what our community told us during this study

Ethics approval for the study was provided by the Monash University Human Research Ethics Committee. This valuable input will help us drive a Measurably Healthier Gippsland.

What we learnt

The study provides deep insight into the many complex and interrelated factors affecting access to healthcare among people in the Gippsland region. It highlights the need for a more holistic approach to healthcare that recognises socioeconomic, cultural, environmental, and individual factors.



What is a marginalised community?

Marginalised communities refer to groups of people who experience social, economic, and/or political exclusion or discrimination based on characteristics such as race, ethnicity, gender, sexual orientation, socioeconomic status, disability, or religion.

What we did

We heard from 103 participants who took part in conversations or group discussions between November 2023 to April 2024. We also received 56 survey responses.



103
participants



56
Survey responses

All participants accessed support through community organisations to meet basic needs such as food, shelter and social connections. Neighbourhood houses, youth organisations, homelessness support services and cultural groups received a \$500 grant to support recruitment which focused on people who did not access healthcare even if they had a health issue or had multiple barriers for access, aged 16 years or older.

Six key themes were identified from the data analysis

1. Person-centred care

- Empathy and mutual trust is necessary for consumers to feel heard, respected, and valued in their healthcare interactions.
- Active listening and personalised care plans are important tools.
- People value continuity of care with trusted clinicians who communicate to deliver coordination of care.
- An absence of person-centred care can lead to feeling judged and a reluctance to seek care again, resulting in care being seen as a waste of time and poor value for money.

“
They need to listen to the patient who knows their body
- Interview participant”

“
Lack of trust, have been misdiagnosed, not believed, abused, lack of continuity of care from the same person
- Survey respondent”

2. Mental health and wellbeing

- Participants highlighted challenges managing medications, describing difficulty accessing doctors, important benefits and also difficult side effects.
- Coping strategies included hobbies, volunteering and the critical role of social supports.
- Childhood experiences and trauma has a big impact and intervening early is important.
- A need for a holistic approach that incorporates mental health into overall wellbeing.

“
Trauma has been a massive thing in my life, and I never really had that support network
- Interview participant”

“
Accessible, affordable bulk billing clinic with a permanent GP that is invested in my healthcare and treats me with respect
- Survey respondent”

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3. Barriers to accessing services

- Cost of accessing services was a major barrier for accessing GPs, specialist care and allied health, leading to delays in seeking care, or inability to access care.
- Geographic and transport challenges in regional and remote areas due to very limited public transport, cost and time required, as well as difficulty travelling when in poor health.
- Language barriers and the importance of cultural competence.
- Noticing changes post COVID including more stressed professionals.
- Pressures on carers can lead to neglecting own health needs.
- Reluctance to seek help due to fear and/or shame.
- Lack of awareness about what care options are recommended or available.

“ ... this taking away of the bulk billing. That has ... a huge impact ... can't even access their doctors because they can't afford to ”
- Interview participant

“ Lack of sleep, lack of financial wellbeing, physical pain, weather, cost of living, fatigue, not enough support ”
- Survey respondent

5. Social determinants of health

- Participants emphasised that health is often shaped by social and economic factors.
- Financial struggles can lead to basic needs not being met.
- Loneliness and social isolation.
- Housing and homelessness issues.
- Living with problematic substance use and lack of support services.
- Experiences of family, domestic, psychological abuse and sexual violence.
- Community services can provide vital support and connections to promote wellbeing.

“ Health care is supposed to be affordable, manageable and people are actually supposed to want to go and ask for help ”
- interview participant

“ No form of transport, and/or funds ”
- Survey respondent

4. Service system challenges

- Limited workforce and facilities impacting availability and access.
- Bureaucratic barriers leading to delays in accessing care.
- Long wait times have flow on effects to avoidable hospitalisations.
- Concerns about fairness with differences in what people can access.
- Unmet healthcare needs impacts consumer wellbeing.

“ I saw a GP and I got sent to ... see an orthopaedic surgeon and he said there is a 3 to 5 year waiting list ”
- Interview participant

“ It usually takes several weeks to gain an appointment with a GP ”
- Survey respondent

6. Information gaps and technology

- Lack of clear information about available supports and services.
- Address language barriers, including through simple English and multilingual resources.
- Technology and telehealth opinions varied, with some valuing convenience and others facing challenges due to low digital literacy.

“ There are so many things in the system, if you don't ask, nobody tells you ”
- Interview participant

“ Google ... I can often inform myself more on the scientific literature through searching ... online than I would get in a 5 min rushed appointment with a GP who is not specialised in that area ”
- Survey respondent

What happens next

This information will be included in the Gippsland PHN Health Needs Assessment which identifies priorities for action by Gippsland PHN.

[See the current Health Needs Assessment here.](#)

[Access more Gippsland PHN publications here](#)

