

# How Community Paramedicine is Bridging the Health Equity Rural Divide

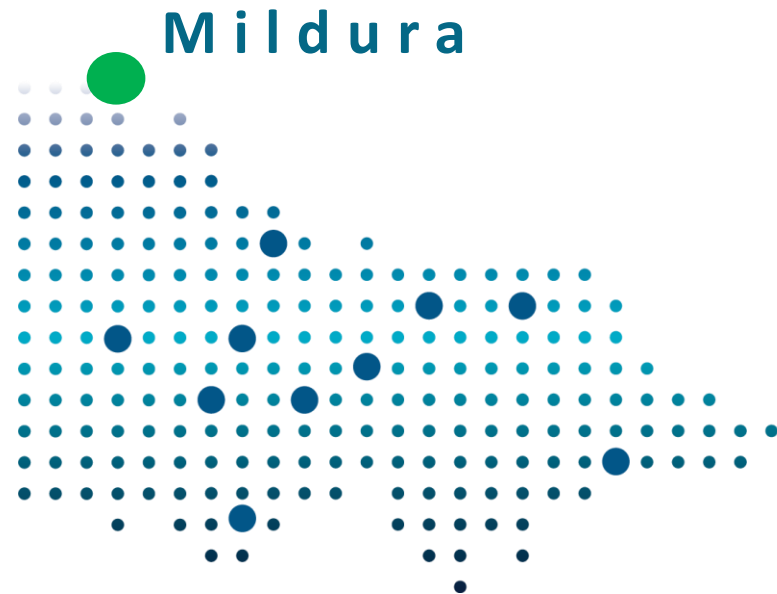
## Transitioning to the Australian Context



Presented by Simone Heald & Linda Henderson



# Where is Mildura?



Alliance of Rural & Regional  
Community Health

Transforming healthcare is only possible when everyone comes together to power change.

# Why did ARRCH embark upon CP@team



Address health inequities within rural and regional communities.

The Australian health system is under significant pressure.

A new workforce initiative for Community Health Sector

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# What is a CP@team?

Community Paramedicine is defined as  
A specialist clinical stream of Paramedicine in which  
paramedics collaborate with other healthcare  
professionals to deliver 'non-traditional'  
community-based care utilising an expanded scope  
of practice (Long, 2017).



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# Mobilising change - *relationships*



Relationships

Partnerships

Staff

Community

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# Mobilising change – *Innovation*



**INNOVATIVE:**  
The innovative leadership  
of ARRCH  
Partnering across the  
world

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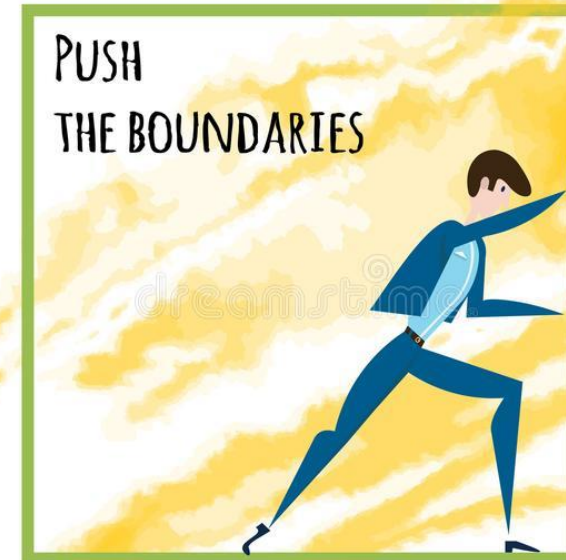
# Mobilising change – *Pushed Boundaries*

'This could not be achieved'

Effective utilisation of resources

McMaster and La Trobe University

Expert Advisory Group



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# Mobilising change – *Community Health Sector*

Population Health Data

Alternative Healthcare Models

Capability

Evaluation and Outcomes



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# Mobilising change – *Cost Effective*



Economical Model

Re-utilisation of current funding

\$220,000/1368 Interactions

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# The magic of the model

Community Led

Community Connectors

Adaptable Model

Addresses SDoH

Aligns with other services  
and programs



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# How does it work on the ground?



Database

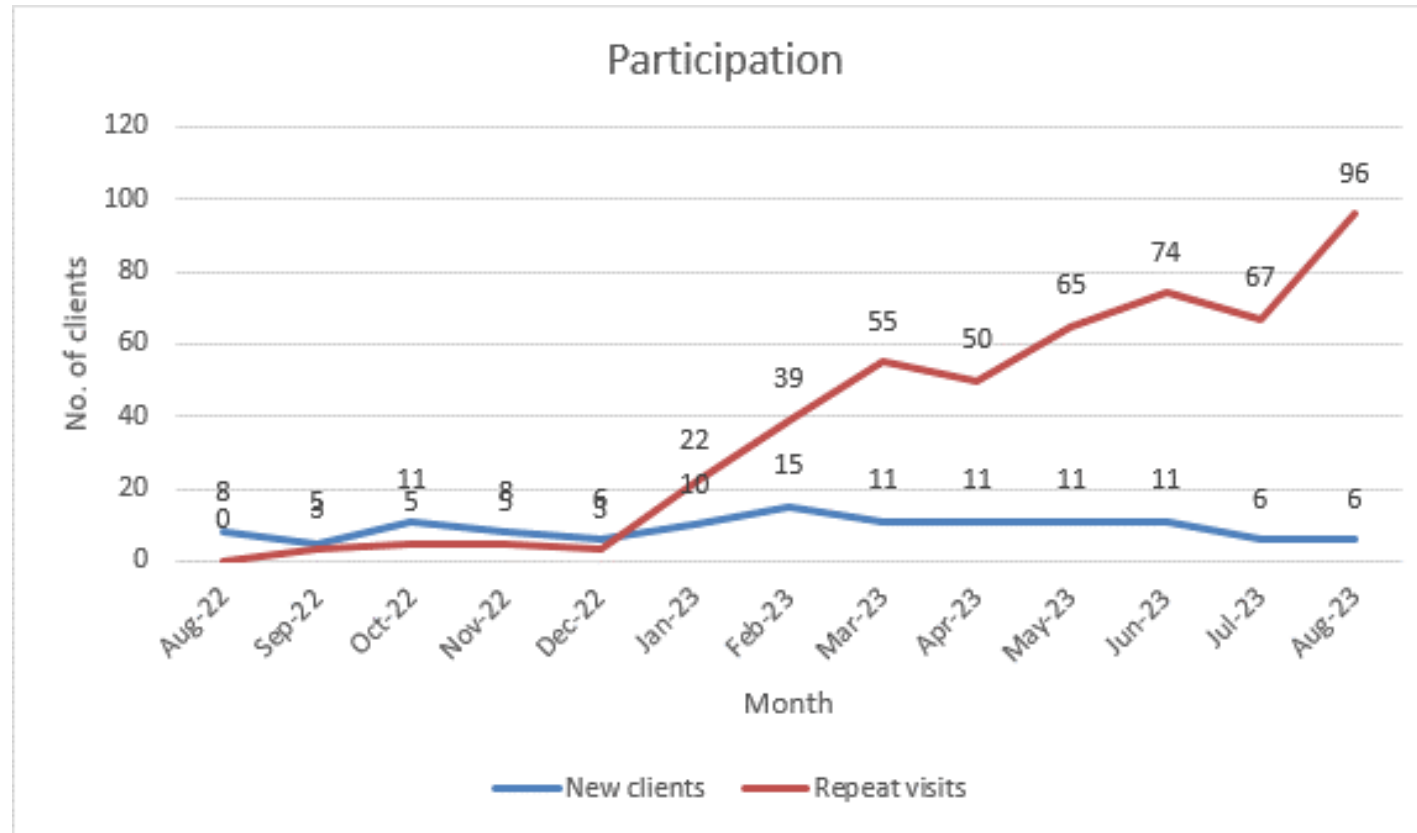
Screening Tools

Identified locations

Opportunistic funding

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# Uptake and participation of the community



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# Power of community

Community Connectors

Community Walking Groups

Community Meals

Food Parcels

Community Events



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# Canadian Randomised Controlled Trial



1000 people from Social Housing

Reduced 19-25% EMS calls

Improvements in risk of diabetes

Quality of Life domains

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# Cost Effective Analysis



\$1 spent – saved \$2 back

\$88 saved per resident

Program Cost per QALY

Considered Canadian Cost-effective Model

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# Australian early results – *People Loved it*



Acceptance

Adoption

Appropriateness

Fidelity

Implementation Costs

Penetration

Sustainable

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# What the community told us



It's more of an open and free... It's not in a small office. You got other people walking around in the foyer, then you have a community lunch which is at the same place. And it just feel like you're, I don't know, I've only been coming like, since it started, it's like a little family get to know each. And even with the you don't get a personal connection like relationship, so to speak, but you get a relationship as a family type thing."

*...they were really helpful with strategies and connections.. And the guys here are so approachable and easy to talk to. Like I have an issue, I want to bring my weight down a bit to help with my joint pain and things like that and they were really, really helpful with strategies and connections that I could make to be able to do that."*

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# What's next?



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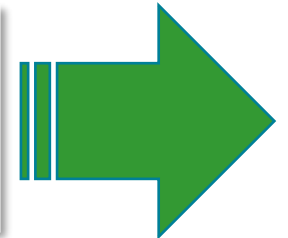
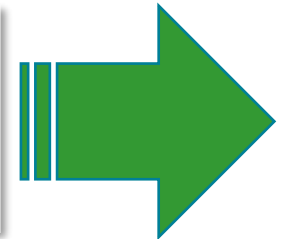
**ARRCH Colleagues**

**Advocated to State  
Government**

**Advocated to VHA**

**Continue to develop the evidence within the Australian  
and International context**

**Continue to roll program out across rural and regional  
community health services**





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**"Why join the navy when  
you can be a pirate."  
Steve Jobs**



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# Questions?

