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| **Title of Research Presentation: Can Get Health in Canterbury** |
| **Background/Objectives**  Can Get Health in Canterbury (CGHiC) is a partnership project between Sydney Local Health District, the Central Eastern Sydney Primary Health Network (CESPHN) and the University of New South Wales. Located in one of the most disadvantaged Local Government Areas in New South Wales, Australia with 230,000 residents. Over 40% residents in Canterbury were born overseas and 70% speak a language other than English at home. The objectives of the program are to:   * Increase access to comprehensive primary health care * Increase individual and community health literacy * Address at least one social determinants of health.   **Methods:**  Place-based interventions frequently involve collaboration across sectors, including community members. In CGHiC this has meant establishing Management and Advisory Committees representing community organisations and migrant community groups, GPs and local health workers, and working with them on joint projects.  We reviewed the literature, interrogated local census and health data and engaged in a needs assessment and worked with local government to map local services. These highlighted local issues and priority populations which were confirmed by the local Management and Advisory Committees.  **Results:**  Agreed health issues include: mental health, child, family and women’s’ health,behavioural risk factors and refugee health in four communities: Chinese, Bangladeshi, Arabic speaking and Rohingya refugees living in Lakemba and Wiley Park.  The most recent evaluation recommended that CGHiCshift from a community-informed to community-led program. In response, we have established the Rohingya Little Local where $10,000 has been allocated to the Burmese Rohingya Communities of Australia (BRCA) to spend according to community priorities. This program was adapted from The Big Local in the UK where less advantaged communities are given $100,000 a year for 10 years to spend in ways determined by local communities.  **Discussion**  CGHiC provides an effective model for increasing access to comprehensive primary health care for diverse and marginalised communities. Among its success is its ability to form enduring and respectful relationships with government and community organisations. Despite its achievements, CGHiC has faced many challenges including high staff turnover, insecure funding, the demise of one of the partner organisations and the establishment of its successor, moving from one off projects to programs of work and robust evaluation of impacts.  **Keywords**  health equity; place-based initiatives; effective, accountable inclusive governance |