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POSTER ABSTRACT

Primary Care Interventions for People who Experience Homelessness - Human Centred Design

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Background: People experiencing homelessness face significantly poorer health outcomes, including increased mortality rates across all age group and a median age at death nearly 12 years younger than the general Australian population (1). Despite a higher burden of chronic and complex health conditions, they encounter persistent barriers to accessing primary health care and often present to emergency departments at advanced stages of illness (2). There is an urgent need for equitable models of care that effectively connect primary healthcare services with people experiencing homelessness.
Adelaide Primary Health Network (PHN), a not-for-profit commissioning agency, aimed to co-design a community-based health intervention in the Port Adelaide Enfield (PAE) area – an area identified as having a high rate of homelessness (3).

Approach: Using a participatory co-design methodology approach, we engaged a broad range of stakeholders (including individuals with lived experience of homelessness) across three workshops. Empathy mapping was utilised to identify barriers to primary healthcare and collaboratively develop a model tailored to the needs of this population.

Results: Key challenges identified included systemic barriers, gaps in cultural safety, inability to access walk-in services, poor provider continuity, and siloed services that are unsuitable for the holistic needs of this population. As many of these challenges emerge from the general practice environment, stakeholders raised the need for general practice input into the co-design process.

An expression of interest was distributed to general practices across the CBD and Port Adelaide Enfield area, resulting in the engagement of two practices already servicing this population. Providers highlighted challenges including overstretched capacity, insufficient funding models (bulk billing) to cover costs, siloed systems, and high staff turnover.
The co-designed solution was a centrally located community health hub, incorporating a multi-agency presence to offer integrated health and social services, walk-in access, and shared data across agencies to support continuity of care.

Implications: The co-design process revealed critical gaps in service delivery, informing Adelaide PHN's future commissioning priorities. The proposed model, guided by lived experience and cross-sector collaboration, offers an integrated and person-centred approach to primary care for people experiencing homelessness through use of a clinical relationships manager nursing position. This role focuses on outreach work to engage, build and maintain relationships within the community and primary care services, supported by a funded General Practitioner role. Internationally, this work contributes to the growing evidence base on inclusive health system design and highlights the importance of localised, community-focused approaches to addressing homelessness as a public health issue.

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