

Rural Health Outreach Program—Hastings Council and North Coast Area Health Service (renamed Mid North Coast Health Network January 2011)

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Dianne Penberthy is part of a team called the Rural Primary Health Services Program RPHSP (formerly the Regional Health Services Program, North Coast Area Health Service). The RPHSP is a primary health care service that encompasses active treatment, screening programs and health education on individual health risks. It includes health promotion and preventative health activities in an effort to address the health concerns of the entire community. The team only works in rural communities with populations less than 5000, which spans across ten local government areas on the mid-north coast of NSW.

Dianne's position is Health Promotion Coordinator, which is based in Macksville NSW. Dianne has held this position for five years. Her role is to improve community access to quality primary health care services by working in partnership with communities, not-for-profit organisations and health professionals.

Dianne undertakes many community projects across all the local government areas. Other programs include; Mister Germ and Junga-marlaanggu Yuraal 'Proper Handling of Food'—hygiene and nutrition programs for early childcare centres. The Ngarrwa Program is designed for young Aboriginal mums and families living in Bowraville. The RRISK Program for Year 11 high school students is a drug and alcohol safety program.

Dianne has a background in nursing and holds an Advance Diploma in Business Management.

Abstract

A health program to bring fairness back to rural communities in their access to primary health care was started in 2006. It provides information on health services, depression, isolation, poor social networks, unhealthy lifestyle, families living safely and access to general practitioners. It is an innovative partnership between Port Macquarie-Hastings Council, The Rural Primary Health Services Program, sixteen clinical services of the North Coast Area Health Service (renamed Mid North Coast Health Network), thirty non-government organisations, many professionals and ten non-council owned hall committees. The program delivers health promotion and primary health services to rural and remote areas of the mid north coast of NSW, especially around the Hastings region.

The program includes assessment, referrals, education, information and dialogue. Community halls were used to gain access points directly into communities. As a result, strong partnerships developed that continue to deliver a sustainable primary health program in rural and remote communities in the Hastings area.

Aim

In view of the inequitable availability of primary health care between city and country Australia, the aim was to develop remote area community partnerships in the mid north coast of NSW to:

- share primary health planning, implementation and evaluation
- improve access to primary health services
- capitalise on existing facilities and social strengths.

Why we did this program

In its Social Plan 2005-2010, Port Macquarie-Hastings Council identified shortcomings and gaps in rural and remote places, so ten communities were targeted for this project. The Council said; "Residents of rural and remote communities have significant health disadvantage ... because of isolation, lack of locally based health and community services ... impact of drought, financial distress,... lack of availability of transport."

In its Health Summary 2005, the North Coast Area Health Service found population health disadvantage on the North Coast was due to age, income, education, occupation and lower access to General Practitioners,

compared to the NSW average. There is higher hospitalisation for ambulatory care-sensitive conditions and higher rates of chronic diseases, obesity, smoking and alcohol drinking rates on NSW's north coast.

The demography of the mid North Coast is variable with populations that range from hubs of retired couples through to Aboriginal small settlements. Port Macquarie-Hastings Council area is a rural, residential and resort location encompassing a total land area of 3,687 square kilometres with three main townships and many small villages and localities. The largest town is Port Macquarie, followed by Camden Haven and Wauchope to the West. There are a significant number of rural or remote communities in the Hastings local government area that were targeted for the Rural Health Outreach project are: Kindee, Long Flat, Rollands Plains, Telegraph Point, Comboyne, Byabarra, Ellenborough, Kendall, Pappinbarra/Hollisdale, and Camden Haven.

These townships and villages are outside major centres and do not have access to public transport so it can take over an hour to reach them by car. This increases the geographic and social isolation within these communities. Significant changes to local industry such as dairy deregulation, drought and the 2008 financial crisis have increased the need to deliver preventative health-based services to rural areas.

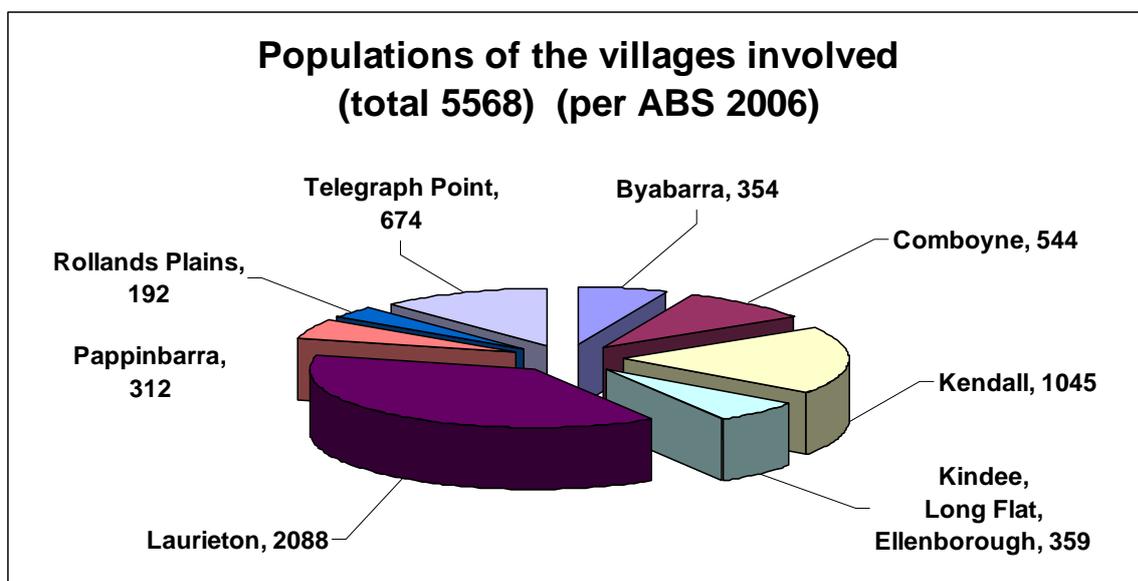
Population

The total population base for the Hastings area is 68,720 people:

- 33,019 males
- 35,701 females.

Port Macquarie-Hastings is the fastest growing local government area on the mid north coast of NSW and it is expected that the population will increase to 105,882 people by 2031.

The project serves a population base as shown in the chart.



Reference: Port Macquarie-Hastings Council, demographic databases

Diversity

It is a crucial social factor that the outer-lying areas of the Hastings area have a higher proportion of diverse cultures, compared to its major centres. The cultural diversity within the community is reflected in Australian Bureau of Statistic data where ABS statistics of Aboriginality and Culturally Diverse people show that the:

- Australian and Torres Strait Islander population is 2.6%
- Culturally and linguistically diverse (CALD) population is 10.6%.

Age

In the recent past, the Hastings area was a rapidly aging community due to (adult) children leaving and retirees arriving. This is reflected strongly in the rural townships. However currently there is a trend of new families with young children locating in the rural and remote areas due to lack of affordability of housing in major centres.

Planning and implementing solutions

The project started with a planning phase. During 2006–2007, the Health Promotion Coordinator from the Rural Primary Health Services Program partnered with Women’s Health, North Coast Area Health Service and held extensive local community forums. The aim was to determine the needs ‘felt’ by the community and to find solutions ‘driven’ by the community. This was in the context that health services should be “accessible, appropriate, timely, affordable, client centred, preventative focused, well integrated and coordinated”.¹

Hundreds of members of the rural and remote general community were consulted. The high priority issues identified (by them) were lack of access to General Practitioner services, lack of women’s health services, poor information and few men’s health services. Also there are changes happening within small rural farming and fishing communities such as deregulation of the dairy industry, establishment of marine parks and impacts from climate change. These add extra stress to these families. Physical problems were identified such as lack of transport and cost of petrol which are significant barriers for travel to major towns. These findings were common across all communities.

A collaborative partnership was formed with the Community Development Officer at Hastings Council and the Health Promotion Coordinator from Rural Primary Health Services Program to develop a sustainable primary health program addressing the identified issues. North Coast Area Health Service’s Women’s Health participated in the community consultations and local key partnerships were formed. Partnerships included Wauchope Neighbourhood Centre, Comboyne and Kendall Community Centres.

A crucial partnership was formed with the Rural non-owned Council Halls Committees and bi-monthly meetings introduced for all partners. The existing Hastings Interagency Forum was identified as the way to engage stakeholders in the planning and implementation. An electronic communication network was established between all partners and community communication was established via these small communities’ Newsletters.

Partnerships have continued to grow to support specific programs and there are ongoing outreach programs and events to address identified issues.

In particular:

- The Port Macquarie Base Hospital Physiotherapy Department, Port Macquarie Community Health Repository Service and General Practitioner services in partnership support respiratory services in the Camden Haven area in the form of an outreach physical exercise program. The Rural Primary Health Services Program provided the funding for equipment and support programs;
- The Rural Primary Health Service Occupational and Speech Clinicians provide outreach services in the preschools and schools as early intervention programs for young people in the Kendall and Comboyne communities;
- Outreach General Practitioner clinics at Comboyne and Kendall and Acupuncture Clinics have been established. In 2011, a new partnership was formed with an outreach General Practitioner clinic in Long Flat. This partnership provides back up clinical support from Port Macquarie Community Health and funding for equipment;
- North Coast Area Health Service’s Community Participation Unit supports men’s health through the outreach Volunteers Men’s Ambassador Program with outreach programs held in Comboyne, Telegraph Point and Port Macquarie;

- In partnership with the Men's Sheds Movement, the Rural Primary Health Service Program supports men's health through health screen and information days in the communities of Port Macquarie, Wauchope, Kendall and Camden Haven;
- The North Coast Area Health Service Area Drought Mental Health Assistance Program and The Rural Primary Health Service Program work collaboratively to reach the Hastings farming and Camden Haven fishing communities addressing their main issue of depression and stress;
- In November 2009, three Outreach Community Consultation Days were held in partnership with Port Macquarie Hastings Council and Rural Primary Health Service Program to review program strategies. This review evaluated ongoing local needs to add value to the existing program to ensure sustainability and to plan for the future.

Outcomes and evaluation

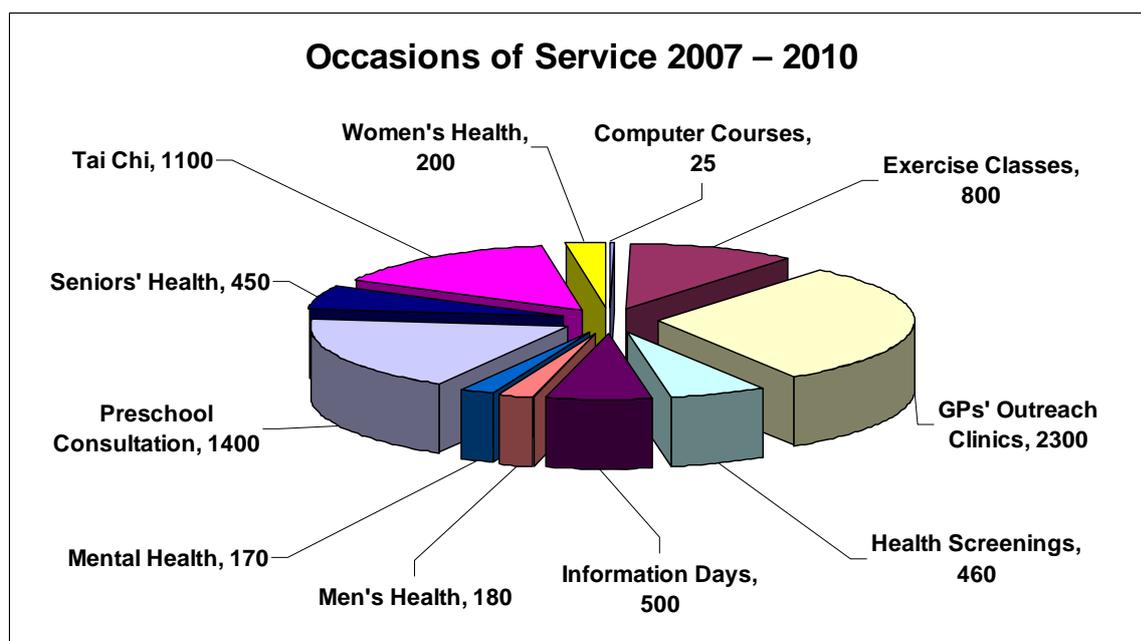
There have been significant outcomes. The Program held 683 events in ten communities with 6,485 participants and delivered health and social programs in a broad range of applications. The collaboration included sixteen clinical services from the North Coast Area Health Services, three Community Health Centres, three Rural Community Centres, two local preschools, one primary school and thirty agencies.

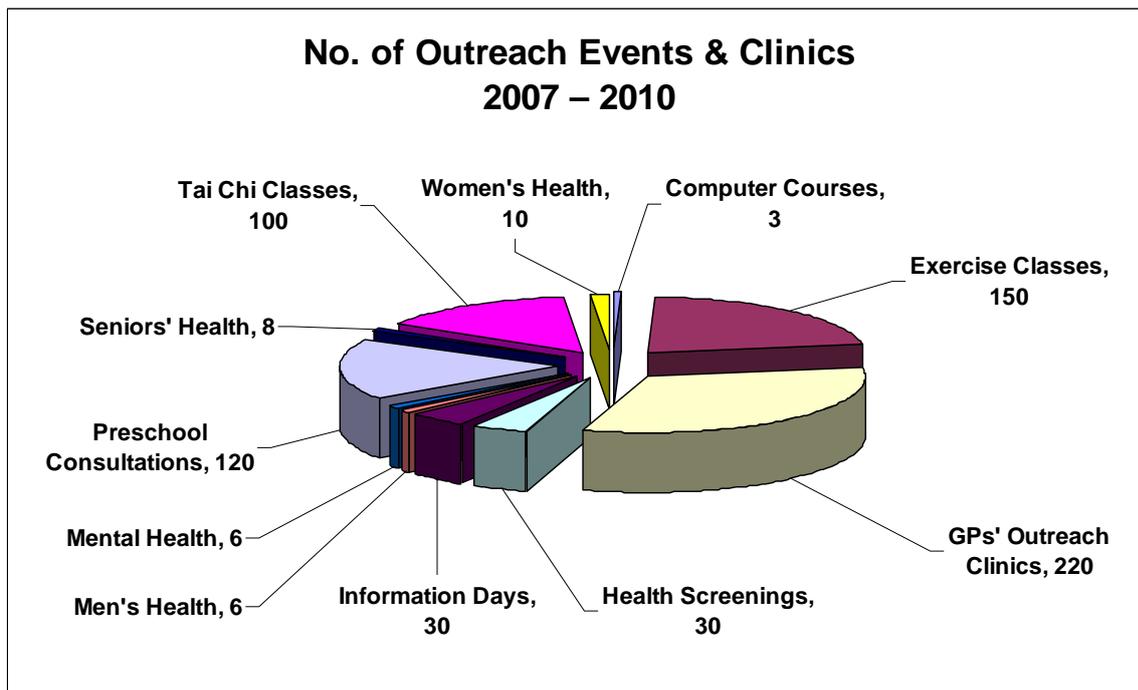
Social capacity was improved by utilisation of hall facilities. Partnership numbers have gone from zero to thirty. The program is expanding and continues to build on previous success by linking into the program's resources. The Program developed Outreach programs which continue in the form of General Practitioner clinics, Tai Chi and other exercise classes, a Toy Library and computer classes in community halls.

Social and geographic isolation of rural communities was decreased via essential, early intervention health promotion activities. The program increased awareness of the services and support available. Significant numbers of individuals who traditionally do not access health-based services attended health screening.

Hastings Council injected another \$190,000 for more capital works and purchase of equipment and training due to increased use of the community halls in 2009\2010.

The charts show the outcome, impact and process evaluation compiled from statistics, surveys and feedback from consumer consultation meetings for 2007–2010.





Sustaining change

Information collected from three Community Forums in 2009 will be included in Hastings Council Social Plan and its 'Towards 2030 Strategic Plan'. The Program has community ownership with ongoing evidence that local communities book their own General Practitioner's appointments and provide local Tai Chi instructors. Community groups independently seek funding to upgrade their facilities and to purchase equipment for local activities. Hastings Council, Wauchope Neighbourhood Centre, Comboyne and Kendal Community Centres and the Rural Primary Health Services Program continue to provide support and hold local events.

What is happening in 2010-2011?

Port Macquarie-Hastings Council has received two-years of funding from the NSW Healthy Communities Grant Program 2010–2011, through the NSW Health Department and also the Local Government Shires Association. Council received \$80,000 to deliver a broad range of preventative health programs. This includes falls-injury prevention, sustainable exercise programs and community services outreach into rural communities of the Hastings local government area.

The Rural Primary Health Services Program is a major partner with Council to rollout this funding. The Rural Primary Health Services Program is responsible for providing preventative health and community service programs and expos in the small communities of the Hastings area. The Rural Primary Health Services Program has linked the current Rural Health Outreach Program with this newly funded initiative, that Council has named 'Move Well, Eat Well, Live Well'.

With part of the funding, Port Macquarie-Hastings Council purchased and provided exercise equipment for eight rural communities as part of the 'Move, Eat and Live Well' program to assist rural communities to conduct their own exercise classes. This includes yoga mats, fit balls, aerobic steps, resistance bands, hand weights and a video on heart moves. The equipment has been given and is kept in the Non Council Owned Halls.

To enable and support residents to use the new exercise equipment safely and to learn something new while having a bit of fun, the Rural Primary Health Service Program is running a twelve-week program in each of the eight local halls. The program is called 'Losing It'—In the Bush'. It is modelled on the 'Measure Up' Campaign and The Get Health Program that is on television. The locally developed program includes weekly health tips, support coaching, telephone service, learning how to use new equipment, guest speakers, information and resources (goodie bags and cookbooks made available for free).

The program is held one day a week for two to three hours and sometimes more in each community over a twelve-week period. The classes include an exercise component run by a qualified Exercise Physiologist followed by a presentation and discussion on healthy lifestyle information presented by a variety of North Coast Area Health Service professionals. Depending on the time the program is held, each community includes either a 'healthy' lunch or morning \ afternoon tea to enable some social interaction. To date the program has been conducted very successfully in the communities of Comboyne, Kendall, Telegraph Point and Rollands Plains.

Due to the overwhelming success so far with this program, in partnership with the communities, The Rural Primary Health Services Program is developing a future support initiative to be held in the halls in 2011. Other funding grants received to support the program so far were \$2,000 from NSW Heart Foundation to purchase 250 Healthy Active Kids Kits for distribution to all primary schools in the Hastings in 2010. All kits have been distributed.

Conclusion

The Rural Health Outreach Program has been a very successful and sustainable program for over four years. It is a concept that could easily be modified or reproduced in other communities in rural Australia. In conclusion, the most important aspects that are needed to reproduce this program are that:

- the Program should be managed through either the Rural Primary Health Service Program; Community Health Services; Health Promotion and Prevention; or Population and Health Services
- access to (and managing) a source of funds through grants to run the program is essential. Additional Council or other funding sources are desirable
- one program does not fit all communities. The program design must be developed in partnership and consultation with each community
- strong partnerships need to be formed between the major agencies. These partnerships need to be support agencies, support services and clinical professional
- an accredited exercise physiologist and a diabetic clinician/educator is essential in the program due to the emphasis on healthy weight and physical activity
- women's health service is an important component.

Recommendations

The most important recommendation that I would like to put forward is for the Health Department to consider adding accredited exercise physiology professionals to Allied Health Services. As of 2010, this profession has not had a major role in regional and rural health and there is no accredited exercise physiologist employed in the North Coast Area Health Service.

Why we need an accredited exercise physiologist in the Health Service

The aims of accredited exercise physiologist intervention are to prevent or manage chronic disease or injury and assist in restoring one's optimal physical function, health or wellness. Accredited exercise physiologists are trained in the assessment and identification of adverse signs or symptoms of restricted movement. They can stratify identified risks. An accredited exercise physiologist specialises in clinical exercise prescription, health education and the delivery of exercise-based lifestyle and behaviour modification programs or services for the prevention and management of chronic diseases and injuries. Accredited exercise physiologists are allied-health professionals with a diverse range of skills, working in a variety of contexts. In addition these physiologists are skilled primary, secondary and tertiary health care providers who work in areas such as public and private hospitals, private clinics, primary health care organisations, workplace health and population health promotion services.

The scope of practice of this profession is influenced by many factors including the context in which practice occurs, individual needs, the practice environment, as well as local and industry policies. At a minimum, the

scope of practice that is accredited by *Exercise and Sports Science Australia* for an accredited exercise physiologist is listed below:

- screening and risk stratifying to ensure the safety and appropriateness of exercise and physical activity interventions
- assessing a person's 'movement' capacity in people of all ages and levels of health, wellbeing or fitness
- development of safe, effective individualised exercise interventions
- provision of health education, advice and support to enhance health and wellbeing
- provision of physical activity advice and clinical exercise prescription, for those at high-risk of developing, or with existing chronic health conditions
- provision of rehabilitation and advice for patients following the acute stage of injury, surgical intervention, or during recovery to restore functional capacity and wellbeing
- these tasks may occur at any level of primary, secondary or tertiary health care and may include employment or volunteer work at an individual, community or population health level through various employers or industries.

Costing

The award wage for an accredited exercise physiologist (as of July 2010) ranges from full time equivalent of \$51,700 (Level 1) to \$132,500 (Level 8) with a sole practitioner allowance of \$5,660.

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- Natalie Wilson—Community Development Drug and Alcohol Mid North Coast Health Network
- Rhonda Coppin—Exercise Physiologist (student placement undertaking Master Degree in Exercise Physiology), Mid North Coast Health Network

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