

Healthy Horizons

**Progress against the Healthy Horizons Framework
A Report to the Australian Health Ministers' Advisory Council,
June 2002**

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HEALTHY HORIZONS

**Progress against the
Healthy Horizons Framework
for Improving the Health of
Rural and Remote Australians**

**A Report to the Australian Health Ministers' Advisory Council
from the National Rural Health Policy Sub-committee**

June 2002

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Summary

The development of the *Healthy Horizons* Framework in 1999 was a collaborative effort between the Commonwealth and State and Territory Governments and the National Rural Health Alliance, the peak non-government body working to improve the health of Australians living in rural and remote areas. The Framework aims to provide direction for the development of strategies and allocation of resources for rural and remote areas. The Framework also provides guidance for communities and organisations for action to improve health and well-being.

Seven interdependent goals have been developed to focus national activity and planning on issues of high priority for rural and remote health. The National Rural Health Policy Subcommittee provides advice to the Australian Health Ministers' Advisory Council on rural and remote health policy issues at a national level and oversees progress against the seven goals.

In collaboration with all States and Territories, the National Rural Health Alliance and relevant program areas of the Commonwealth Department of Health and Ageing, the Subcommittee has developed this report for the Australian Health Ministers' Advisory Council. The report presents a national overview of progress against the *Healthy Horizons* Framework, highlighting collaborative efforts and new approaches to funding and service delivery.

Working together towards *Healthy Horizons*

Accountability for the implementation of actions occurs at all levels. This includes specific initiatives at Commonwealth and State and Territory Government levels as well as local strategies that maximise community involvement in priority setting and decision-making processes.

The *Healthy Horizons* vision for rural, regional and remote Australians is that they will be as healthy as other Australians and have the skills and capacity to maintain healthy communities. Achieving this vision requires commitment from governments at all levels. That such commitment already exists, and that rural and remote health is being recognised as an important component of the Australian health system, is illustrated by:

- Commonwealth spending of over \$1.2 billion on targeted programs for rural health and aged care since 1996, including provision of \$550 million for the Regional Health Strategy (2000–01 Budget);
- establishment of the New South Wales Rural Health Implementation Coordination Group to implement the recommendations of both the New South Wales Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair Report) and the New South Wales Health Council in relation to rural and remote health issues;
- establishment of the Rural and Regional Health and Aged Care Services Division within the Victorian Department of Human Services;
- establishment of a Ministerial Rural Health Advisory Council in Queensland to provide strategic advice in relation to contemporary rural health issues;
- establishment of the Country and Disability Services Division within the South Australian Department of Human Services;
- an increase in funding distribution to rural health services by the Western Australian Department of Health over the last five years;

- creation of the Division of Community and Rural Health in the restructure of the Tasmanian Department of Health and Human Services;
- commitment to the development of Health Zones under the Primary Health Care Access Program to enhance rural and remote health and service delivery in the Northern Territory; and
- establishment of a forum where Australian Capital Territory health services work closely with their counterparts in surrounding regions to provide a coordinated system of care.

Collaboration between governments

Efforts are being made across Australia to coordinate initiatives to address rural and remote health, with mechanisms in place to support collaborative action between governments. The [National Principles for Commonwealth / State Collaboration on Rural Health Matters](#) reflect a nationally agreed understanding of working relationships between governments on matters relating to rural health.

Strategies have been developed by the Commonwealth and State and Territory Governments to support action across Australia in the areas of healthy ageing, suicide prevention, childhood nutrition, mental health, diabetes, chronic disease, and falls prevention. Other collaborative initiatives that address rural and remote health issues include:

- the [National Health Priority Areas](#) framework for addressing areas of high health burden, which is strongly focused on cooperation between the Commonwealth and State and Territory Governments and draws on relevant expertise in the non-government sector;
- the [Multipurpose Services Program](#), which involves pooling of Commonwealth and State and Territory funds to provide a flexible, coordinated and cost-effective approach to health and aged care service delivery to small rural communities where stand-alone aged care or other health services would not be viable — 63 sites are currently operating across the country with many others under development;
- the [Regional Health Services Program](#), which supports small rural communities in identifying local priorities and developing the primary health care services needed to meet those priorities — there are currently 74 operational regional health services across Australia; and
- the [Integrated Service Delivery Projects](#), through which better models of planning across Commonwealth and State and Territory Governments, local government, service providers and consumers are being explored.

Collaborative action at government level to address the health needs of Aboriginal and Torres Strait Islander peoples is discussed under Goal 2.

Collaboration with the non-government sector

Healthy Horizons has been used as a framework for collaborative action by many organisations, including the member bodies of the National Rural Health Alliance. Examples include:

- the relationship between the Royal Flying Doctor Service and the Mental Health Council of Australia and other professional bodies including the University Departments of Rural Health;
- the Memorandum of Collaboration between the Australian Nursing Federation and the Council of Remote Area Nurses of Australia on preparing remote area nurses for practice;

- the collaborative agreement between the Congress of Aboriginal and Torres Strait Islander Nurses and the Office of Aboriginal and Torres Strait Islander Health to increase the number of Indigenous people in nursing and to include Indigenous issues in core undergraduate nursing curricula; and
- the General Practice Memorandum of Understanding between the four peak General Practice organisations and the Commonwealth Department of Health and Ageing.

Enhancing community involvement in health care

There is now widespread acceptance that health care models that work well in metropolitan areas cannot easily be replicated in country areas. Mechanisms have been developed to support involvement of communities in developing solutions and service models that reflect their needs and circumstances.

Many of the National Rural Health Alliance's member bodies act collaboratively and work to increase partnerships. This gives them the capacity to advise community organisations and facilitate and support the development of local solutions.

Forums have been established in the States and Territories so that health departments can build partnerships with communities and key stakeholders to identify and address community health problems, disseminate information and support the advocacy role of communities and health professionals. For example, [Rural Health Councils](#) have been established in all rural Area Health Services in New South Wales; Queensland has a [Community Public Health Planning in Rural and Remote Areas](#) program; South Australia holds [Integrated Community Planning forums](#) in each of its seven country regions; the Western Australian Department of Health has developed a [New Vision for Community Health Services for the Future](#); and Tasmania has a [Rural Health Partnership Group](#). The Commonwealth has established advisory groups in each State and Territory for the [Regional Health Services Program](#) and the [Medical Specialist Outreach Assistance Program](#).

The Commonwealth [Consumer and Provider Partnerships in Health Project](#) provides opportunities for partnerships of consumers and providers to develop, demonstrate and document strategies for consumers to participate at all levels of the health system. Commonwealth funding is provided to support the advocacy role of consumers and health professionals through the Council of Remote Area Nurses of Australia, Health Consumers of Rural and Remote Australia and the National Rural Health Alliance.

Involvement of Aboriginal and Torres Strait Islander communities in planning and providing health services is discussed under Goal 2.

Maintaining a skilled rural and remote health workforce

Governments have also recognised the importance of recruiting and retaining a skilled workforce in rural and remote areas. The [University Departments of Rural Health Program](#) is a long-term strategy which encourages students of medicine, nursing and allied health disciplines to pursue a career in rural practice and supports health professionals who are currently practicing in rural settings.

A range of [scholarship programs](#) is provided by the Commonwealth and by States and Territories to assist students to access courses relevant to practice in rural and remote areas. These include scholarships that are specifically for Aboriginal and Torres Strait Islander students (see Goal 2). The National Rural Health Alliance and its member bodies play a continuing role in realising these scholarship programs and in administering some of them.

The [Rural Health Support, Education and Training Program](#) contributes to the recruitment and retention of rural health workers through funding initiatives that provide them with

appropriate support, education or training. The new Rural and Remote Allied Health Advisory Service will provide advice on workforce issues and relevant policy development for rural allied health professionals.

States and Territories have established a wide range of programs, such as the [Targeted Inland Recruitment Scheme](#) in New South Wales, the [Health Careers in the Bush](#) program in Queensland, the [Rural Nurse Workforce Project](#) in Victoria, and a [Rural Gratuities Program](#) in Western Australia.

Specific support is provided by the Commonwealth for training and support of general practitioners (GPs) (through the Divisions of General Practice), specialists (including advanced training, locum support and outreach assistance), pharmacists (through the Rural and Remote Pharmacy Workforce Development Program) and nurses (through funding of the Council for Remote Area Nurses of Australia, the Association for Australian Rural Nurses and the Australian Remote and Rural Nursing Scholarship Program).

Improving the health of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander people view their health in a broad sense which necessarily includes consideration of the physical, cultural and spiritual components of their well-being. Many issues have an impact on the health of Aboriginal and Torres Strait Islander communities, including environmental and socioeconomic factors, access to housing and educational and employment opportunities.

Policies relating to Indigenous health are based on the principle of community empowerment and participation in the development and delivery of health care services and a long-term partnership approach with key stakeholders, the Aboriginal community controlled health sector, non-government organisations and all levels of government.

The [National Aboriginal Health Strategy](#) outlines key differentials in health status between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, including the impact of western civilisation on traditional Aboriginal culture and health status. The Strategy underpins jurisdictional approaches to improving Indigenous health as well as the wide range of national, State/Territory and regional programs addressing specific Indigenous health issues that are in progress across the country. These are listed in the main report.

[Aboriginal and Torres Strait Islander Health Framework Agreements](#) have been developed in each jurisdiction between the Commonwealth and State and Territory Governments, the Aboriginal and Torres Strait Islander Commission, and the Aboriginal and Torres Strait Islander community-controlled health organisations. The Agreements commit signatories to allocation of resources to reflect: the level of need; joint planning; access to both mainstream and Aboriginal and Torres Strait Islander specific health and health-related services; and improved data collection and evaluation.

Under the Framework Agreements, forums have been established in each jurisdiction to develop regional plans. These aim to identify Indigenous health needs and priorities, and gaps in current service provision within the context of a comprehensive primary health care model. Regional plans have been completed in most jurisdictions.

A [National Strategic Framework for Aboriginal and Torres Strait Islander Health — Framework for Action by Governments](#) is being developed by the National Aboriginal and Torres Strait Islander Health Council to outline agreed principles and key result areas that all jurisdictions and the community sector can commit to and work collaboratively to achieve over the next 10 years. It is proposed that the Framework be developed nationally for adoption by all jurisdictions and with bipartisan support.

Working with Aboriginal and Torres Strait Islander organisations and communities

Many Aboriginal and Torres Strait Islander organisations are involved in the development of future funding arrangements, negotiations with services to ensure culturally responsive care and the preparation of detailed evaluation strategies for all service components. Mechanisms have been developed to support such involvement by the Commonwealth and States and Territories. For example, under the New South Wales Aboriginal Health Partnership Agreement, each Area Health Service is required to establish a [Partnership Agreement](#) with each Aboriginal Community Controlled Health Service in the area, to put into practice the strategic directions established by the New South Wales Aboriginal Health Strategic Plan. The six [WA Regional Aboriginal Health Plans](#), developed in a community-based, community-driven process, have increased Aboriginal involvement and cooperation with local health services and a high level of ownership at the local level. The Australian Capital Territory Government participates in the [Moving Over Boundaries Aboriginal Regional Health Partnership](#), which has a strong focus on Indigenous participation in planning and policy development.

The [Primary Health Care Access Program](#) aims to establish a framework for coordinated expansion of comprehensive primary health care based on funds pooling between Commonwealth and State/Territory Governments. The Program is being implemented in close cooperation with the Aboriginal health forums in the States and Territories and has involved the Aboriginal community controlled sector, the Aboriginal and Torres Strait Islander Commission, the State or Territory government and the Commonwealth working together to develop effective implementation strategies for each jurisdiction.

Supporting Aboriginal and Torres Strait Islander participation in education, health workforce and management

Endorsement and implementation of the [Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework](#) will guide workforce activities within the Commonwealth and States and Territories. As well, States and Territories are undertaking measures to support Aboriginal and Torres Strait Islander participation in the health workforce.

These include State-level policies and strategies to improve recruitment of Aboriginal and Torres Strait Islanders into the health workforce (eg through traineeships, scholarships and cadetships); training for Aboriginal and Torres Strait Islander employees of the State/Territory department of health; development of support networks for Aboriginal and Torres Strait Islander employees; and the development of culturally appropriate and supportive learning environments for tertiary Aboriginal students to pursue health careers (eg [Pika Wiya Unique Centre of Learning](#) in South Australia).

New approaches to funding and service delivery

Networked health and community services and innovative models based on local conditions provide new opportunities for accessible services across the care and support spectrum.

The needs of communities and local service delivery arrangements are extremely varied across Australia. Complex service provision and funding arrangements have sometimes acted as barriers to effective service provision, particularly in rural and remote areas. To promote flexible and coordinated service provision, innovative funding and service arrangements have been developed by jurisdictions.

- New South Wales has developed the [HEALTHshare](#) model for integrated regional health services, with the objective that improved planning, integration and coordination of

service delivery will enhance the ability of service providers to meet the needs of their client groups, while also enabling geographical areas to achieve greater efficiency in the use of their funds.

- The Victorian Government has undertaken a major reform of the way services are delivered in the primary care and community support services sector in the State through the [Primary Care Partnership Strategy](#). Over 800 services have come together in 32 Primary Care Partnerships across all parts of Victoria to progress the reforms, with 19 of the Partnerships located in rural areas.
- Queensland Health has developed a [zonal system of management](#) with three zones incorporating 38 Health Service Districts responsible for the management and delivery of health services through service agreements. Most of these are in regional, rural and remote areas, with over 80 per cent of public hospitals located outside metropolitan areas.
- The South Australian Department of Human Services has developed an [Integrated Community Planning Framework](#) with the aim of improving integration of rural services across health, housing and community services. The Framework will allow identification of shared local priorities so that human service needs of communities are met in a flexible, creative and effective manner.
- The Western Australian Department of Health's [New Vision for Community Health Services for the Future](#) provides a strategy and framework to support practical, attainable health services at a community level that are based on the needs of the people as identified by them. Health Services have been encouraged to re-orient their organisational models and structures to reflect the need for community health management to be closely positioned with the community, accessible and responsive to the health needs of the community.
- Rural health services across Tasmania are being reconfigured in accordance with the [Healthy Horizons](#) framework. Aligned with these developments, the Tasmanian Department of Health and Human Services is developing a policy framework and whole of Agency strategies concerning integrated and coordinated service provision.
- The [Primary Health Care Access Program](#) in the Northern Territory recognises the need for all Australians to be able to access services that respond to their own particular health needs, including Aboriginal and Torres Strait Islander peoples. Funds pooling, the establishment of zonal community controlled health organisations, partnerships, resourcing and support, community development and self-determination are all key principles underpinning this model of health care service delivery.
- The Australian Capital Territory has a [Joint Health Services Planning Committee](#) which includes representation from the Australian Capital Territory Department of Health, Housing and Community Care, the Southern Area Health Service (New South Wales), The Canberra Hospital and Calvary Hospital.
- Joint Commonwealth and State/Territory initiatives include the [Multipurpose Services Program](#), which provides a flexible, coordinated and cost-effective approach to health and aged care service delivery in small rural communities.
- The Commonwealth is also working with Victoria and South Australia to develop and implement [Integrated Service Delivery Projects](#).

Meeting local needs

The States and Territories have recognised that barriers to service provision can be addressed through flexible approaches to planning and service delivery that are informed by local needs. Responses to community needs range from local programs that involve service providers and community members in planning and arise from specific local needs (eg the [Charleville Mobile Visual Impairment Prevention Program](#) in Queensland and measures to address accommodation and integrated service needs of transient and homeless Aboriginal communities in South Australia) through to joint initiatives with the Commonwealth to improve access to services (eg the New South Wales [Strengthening Rural Health in Small Towns](#) program which takes into account the context of the facility within a network of services).

The Royal Flying Doctor Service remains at the cutting edge of innovations in flexible and coordinated services, particularly in more remote areas. A good example of such coordination of care is the Royal Flying Doctor Service's partnership in Queensland with Queensland Health and the Divisions of General Practice on the [Rural Women's GP Program](#), which provides female GP services in rural and remote locations.

Addressing issues of access and equity

States and Territories have a range of programs to address issues of access and equity in rural and remote communities, ranging from flexible approaches to service delivery (eg [Fly in / Fly out services](#) in Western Australia which use air charter services to bring regular health specialist services to remote communities), to multi-faceted programs (eg the [Equity, Responsiveness and Access](#) program in South Australia).

All States are active in the area of [telehealth](#), expanding the number of services in rural and remote areas as well as innovative applications of the technology. Telehealth services have been shown to improve access to care, promote greater integration of remote health services and improve support for staff in rural and remote areas.

One of the Commonwealth's roles in rural health has been to fill gaps in existing service provision, especially where access to Medicare and services is limited. New programs using innovative funding models and aimed at addressing some of the gaps and inequalities of access include:

- the [Medical Specialist Outreach Assistance Program](#), designed to provide additional visiting specialist services in rural and remote areas by covering some of the costs specialists incur in travelling to rural areas such as travel and accommodation;
- [Section 100 — Access to Pharmaceuticals](#) which provides medicines for clients of remote Aboriginal Health Services free of charge at the time of consultation;
- the visiting [Rural Women's GP Service](#) in 100 locations where there is a lack of female GP services; and
- more than 600 [Easyclaim](#) facilities in rural and remote areas that provide easier access to Medicare.

Future directions

It is clear from the report on progress against the goals of *Healthy Horizons* that action at all levels to improve the health of rural and remote Australians is substantial and increasing. At national and jurisdictional level, governments and the non-government sector are working together to address priority areas, particularly the health of Aboriginal and Torres Strait Islander peoples, and to develop improved approaches to funding and service delivery. At

regional level, this collaborative approach has been translated into myriad programs and projects that involve stakeholders and communities and strive for long-term changes that will improve the health of all rural and remote Australians.

Healthy Horizons 'provides a framework which supports collaboration across all groups which are influential in the development of rural health strategies ... We applaud the initiatives which have taken place and believe that the ongoing redevelopment of the Healthy Horizons document is vitally important to reflect the ongoing changes which are being experienced by rural Australians. It is gratifying to see that many of the goals developed in 1999 have been well advanced, and we would look forward to the time when some issues in rural Australia are dealt with to such a degree that they do not require attention and a focus can be placed on other issues which increase in importance'. (Association for Australian Rural Nurses)

Progress has been made, but there is still a long way to go. There remain considerable discrepancies between rural and remote communities and their metropolitan counterparts in terms of access to services and the availability of resources. *Healthy Horizons* has been and remains a useful framework within which to develop and implement initiatives in key areas. Its goals are broad and its themes perennial. It is important now to keep working to these goals, maintaining the momentum generated by *Healthy Horizons*.

Refocusing within the framework should be the impetus for increased action at all levels. This action should continue to be based on the principles that underpin *Healthy Horizons*.

The National Rural Health Alliance has identified the following generalised priority areas for further consideration:

- that those with the greatest needs warrant first attention;
- that the overall distribution of resources should be based on the distribution of need;
- that policies and programs should reflect the added cost of doing business in rural and remote areas (this can be significant in the more remote areas);
- that rural and remote areas should have their fair share overall and that, as for other areas, there should be extra resources for those with special needs including Indigenous people, children and the elderly;
- that structures should be in place to allow access to basic services for everyone irrespective of their location;
- that the advantages of working in rural and remote areas and the 'good news' stories be given higher public profile; and
- that *Healthy Horizons* should build on the large number of existing national and State and Territory strategies related to health.

The reports from State and Territory and the Commonwealth Governments have highlighted a number of areas for continued work to address priority areas, improve integration of services and explore new models of service delivery. Specific future directions might include the following:

- increased emphasis on child and youth health as a priority area under Goal 1 of the Framework;
- a greater focus on health as the population ages and greater effort to address problems with aged care services in rural hospitals and communities, as well as the still severe shortages of residential aged care facilities in rural and remote areas;

- greater effort to address difficulties in recruiting and retaining the rural health workforce (particularly non-medical), acknowledging the potential for multidisciplinary strategies, as many of the problems faced by health professionals in rural and remote areas are identical;
- consideration of whether indicators of need other than population numbers and/or distance from an urban centre would be more effective and whether collaborative planning based on regions might lead to improved delivery of integrated health services in rural and remote areas;
- consideration and integration of human (non-health) services to address their impact on the health of Australians, particularly those from lower socioeconomic groups;
- development of further innovative service delivery models to meet the need for flexible needs-based funding in rural and remote areas of Australia, coordinating and integrating these flexible models with more mainstream health care services;
- continuing work to address the problems inherent in the current model Commonwealth–State/Territory funding, planning and delivery of health services; and
- a continuing shift of emphasis from ill health and acute care to prevention, early intervention and alternatives to hospital care.

These issues identified by the National Rural Health Alliance and governments, along with issues identified by other stakeholders, will be considered in the updating of the *Healthy Horizons* document. It is anticipated that the revised version of *Healthy Horizons* will be completed in time to be cleared by the Australian Health Ministers' Advisory Council and the Australian Health Ministers prior to being launched at the 7th National Rural Health Conference in March 2002.

Introduction

The *Healthy Horizons* Framework was developed in 1999 in response to the need for national strategies and partnerships being developed to improve the health of all Australians to be informed of the special needs and circumstances of people living in rural, regional and remote Australia. The Framework is designed to guide the development of health programs and services in rural, regional and remote Australia and provide direction to governments and guidance for communities. The vision, principles and goals of the Framework are based on a primary health care approach and the views and knowledge of consumers, health professionals, academics and community and government agencies.

The National Rural Health Policy Sub-Committee provides advice to the Australian Health Ministers' Advisory Council (AHMAC) on rural and remote health policy issues at a national level and oversees progress against the seven goals of the *Healthy Horizons* Framework. Since the launch of *Healthy Horizons* in March 1999, jurisdictions have reported individually on activities and achievements against the goals contained in the document and posted these reports on their websites. In September 2001, the Sub-Committee called for reports from all States and Territories, the National Rural Health Alliance and relevant program areas of the Commonwealth Department of Health and Ageing with the aim of developing this first national report on progress against the Framework. The Sub-Committee acknowledges the efforts of all participants in the process in repeatedly revising their input so that entries are as up to date as possible and material from all jurisdictions can be presented in a consistent way.

This final report, *Progress against the Healthy Horizons Framework for Improving the Health of Rural and Remote Australians*, outlines programs that contribute to the achievement of the goals in *Healthy Horizons*. While it presents a national overview and describes major efforts towards each goal at program level, the amount of activity taking place to improve health inequalities in rural and remote areas across the country cannot be reported in a single volume.

A summary report, *Healthy Horizons: Summary of Progress Across Australia*, has also been developed. The summary report aims to highlight contributions to the national effort, identify common activities across Australia and discuss future priorities under the *Healthy Horizons* Framework.

The National Rural Health Alliance¹

The National Rural Health Alliance (NRHA) is the peak national body working to improve the health of Australians living in rural and remote areas. The NRHA is comprised of 21 member bodies, each of which is a national organisation in its own right. The membership represents both consumers of health services and health professionals providing services in non-metropolitan areas. Members of the Alliance are listed in Appendix 2.

The NRHA was a co-signatory to *Healthy Horizons* with the Commonwealth, States and Territories. As part of regular reporting to AHMAC on progress with the implementation of the Healthy Horizons Framework, the NRHA produced its first report in May 2000.² At the request of the Rural Sub-committee of AHMAC, the NRHA provided the following report of activity related to *Healthy Horizons*, based on input from its member bodies.

Overview

Overall, the NRHA believes that *Healthy Horizons* has been very useful as a common framework for people at all levels in the rural and remote health sector. The NRHA and many of its member bodies have used *Healthy Horizons* as the basis for programming conferences, constructing reports and undertaking research. There are also numerous references to the use of *Healthy Horizons* by individual researchers and local or regional health service managers.

It is clear from anecdotal evidence and the experience of the NRHA that the seven goals of *Healthy Horizons* provide a useful focus on broad targets of the highest priority. The first goal, ‘To improve highest health priorities first’ has become almost a catch phrase and has had useful results just in this role. Goal 7, ‘to achieve recognition of rural, regional and remote health as an important component of the Australian health system’, is perhaps the most esoteric, but nevertheless reflects much of importance about where rural health is in Australia, how its practice should be valued, and how it should relate to the overall health system.

Healthy Horizons successfully describes ‘health’ in all of its intersectoral and multi-professional complexity. Even those who claim that it is too complex appear to accept that it contains a very useful set of principles and goals. Criticisms of it would be reduced if the statement of those principles and goals led to some key points about specific action to guide consumers, practitioners, managers and researchers in all jurisdictions.

The seven goals of *Healthy Horizons*

As part of its regular work, member bodies of the Alliance join regularly to raise particular issues as priorities for attention. This has the effect of helping to focus on the highest priorities first (Goal 1) and helping to meet the substantive issues in Goals 2 to 7.

Many organisations, including the member bodies of the Alliance, have collaborative arrangements to meet specific challenges and *Healthy Horizons* is often a framework for this activity. Examples include:

- the relationship between the Royal Flying Doctor Service (RFDS) and the Mental Health Council of Australia and other professional bodies including the University Departments of Rural Health;

¹ Material in this chapter was provided by the National Rural Health Alliance and is based on input from member bodies of the Alliance.

² The report is available at the Alliance’s website www.ruralhealth.org.au.

- the Memorandum of Collaboration between the Australian Nursing Federation (ANF) and the Council of Remote Area Nurses of Australia (CRANA) on preparing remote area nurses for practice;
- the collaborative agreement between the Congress of Aboriginal and Torres Strait Islander Nurses and the Office of Aboriginal and Torres Strait Islander Health to increase the number of Indigenous people in nursing and to include Indigenous issues in core undergraduate nursing curricula; and
- the General Practice Memorandum of Understanding.

Most of the Alliance's member bodies have conferences and informal meetings and these have provided opportunities for disseminating information about *Healthy Horizons*. They have found *Healthy Horizons* a useful framework for highlighting a range of issues related to health outcomes. The member bodies of the Alliance believe that it is vital to keep 'walking the talk' among Parliamentarians and the media, at public events and within other important forums. The Framework is particularly useful for the Alliance's consumer organisations, for whom the document provides a sense of order about a large and complex sector with which they need to be familiar.

Goal 1: Improve highest priorities first

All member bodies of the Alliance are concerned with the priorities listed under this goal.

Indigenous health

The National Aboriginal Community Controlled Health Organisation (NACCHO) and the Aboriginal and Torres Strait Islander Commission (ATSIC) are member bodies of NRHA and their leadership on the Alliance's Indigenous health work is a prerequisite for its success. Frontier Services of the Uniting Church in Australia is another of the Alliance's members which is at the cutting edge of work on Indigenous health. It has partnerships with Aboriginal Councils both to manage aged care facilities and to encourage aged care training for Aboriginal workers. In the Northern Territory, Frontier Services has become a resource contact for Aboriginal agencies and has undertaken a consulting role with them. In its response for this update, Frontier Services reported that 'the dream of multidisciplinary mobile teams, including counselling skills, will continue to be pursued'.

The RFDS has implemented a national policy on mental health and specific mental health positions have been established within the service, including a psychologist at two bases. Also an RFDS psychologist has developed an educational CD-ROM for the use of all RFDS clinical staff, which includes information on suicide.

Aged care

The Alliance as a whole, and all of its member bodies, are concerned with ageing in rural and remote areas and related health issues. It is a matter of particular concern to the Country Women's Association of Australia whose members provide much of the community leadership in smaller country towns. There is an increasing concentration on aged care in rural hospitals and still severe shortages of residential aged care facilities in rural and remote areas. This requires changes to systems for employment and remuneration as well because, for example, nurses working in residential aged care are still paid less than their colleagues in the acute sector. The Memorandum of Understanding General Practice Reference Group, of which the Rural Doctors' Association of Australia (RDAA) is a member, is one of those bodies interested in how the Healthy Ageing Strategy will operate in country areas and whether 'ageing in place' is ever likely to be possible in small towns and more remote areas.

Frontier Services is the main player in residential aged care facilities in remote areas. It emphasises the need for psychogeriatric consulting services to remote areas. The Australian College of Health Service Executives (ACHSE) is developing leadership skills for the managers of aged care services in rural and remote areas. Their courses include regulatory compliance accreditation and human resource management skills for the sector. The ACHSE reports these as being 'important for developing social and recreational models, which are not entirely medical and which are more relevant to community care for older people'.

Mental health

Members of the Alliance are still greatly concerned about the issue of mental health outcomes in rural, regional and remote areas. It is well known that there is a serious lack of mental health workers on the ground, and ongoing management and treatment is doubly difficult. Frontier Services runs health centres in remote areas and its patrol padres cover most of remote Australia offering support and counselling on mental health.

RDAA is a signatory to the 1999 General Practice Memorandum of Understanding and mental health is a priority issue for the memorandum of Understanding group which has auspiced three working groups to address it. They cover allied health, education for the Rural and Remote Health Workforce, and Medical Benefits Schedule (MBS restructure and the development of appropriate consultation items and financial incentives).

Suicide and attempted suicide (Goal 1.3) are severe challenges which relate to middle-aged and older people as well as to the young. The RDAA reports that approximately 4,000 doctors practice in rural and remote Australia. They provide mental health care without the professional and community support systems which assist in urban areas, a deficit often counterbalanced by a comprehensive understanding of the patient's personal and broader environment. There is an increasing focus on the development of management plans to support patients suffering mental illness. In some areas the first point of contact for this work is a Remote Area Nurse.

Injury prevention and control

The framework of *Healthy Horizons* has been used by bodies that would not be seen as being in the health mainstream. For instance, the Isolated Children's Parents' Association (ICPA) has used Goal 1.6 to help in its lobbying efforts for seatbelts on buses and the development of its Farm Safety Project. Health Consumers of Rural and Remote Australia and the Country Women's Association of Australia (CWAA) have also used the Framework in their policy and advocacy work.

Child and youth health

Child and youth health is now a significant priority for the Alliance and it is using *Healthy Horizons* as one of the means of framing its approach on the subject. A number of organisations including the Regional and General Paediatric Society and the ICPA are advocating a more focused approach to early childhood issues in rural and regional areas. From the ICPA's point of view there is a particular need for research (Goal 3.2) on children with special learning needs and the health issues which affect educational outcomes. The RFDS's primary health care nurses conduct specific child health programs and the nurses in the Queensland Section of the Service are trained for early childhood work and conduct early childhood clinics in remote locations. The RFDS's aim is to provide these early childhood services from all its bases.

Diabetes

Within the Memorandum of Understanding group and as a member of the National Integrated Diabetes Work Group, the RDAA advocates for best practice care for patients with diabetes,

minimum requirements for key management points and the targeting of vulnerable groups. Rural Pharmacists' Australia (RPA) has recently developed a diabetes module to include in pharmacy's quality assurance program, the Quality Care Pharmacy Program, to assist and educate rural pharmacists in the provision of professional advice to consumers.

The RFDS is one of the major players in more remote areas in relation to diabetes and other chronic conditions. All RFDS primary health clinics conducted by its medical officers manage both acute and chronic conditions and the RFDS primary health care nurses develop and implement programs for the management of chronic conditions. The RFDS has developed a national health promotion and prevention calendar which includes Diabetes Week.

Goal 2: Improve the health of Aboriginal and Torres Strait Islander peoples living in rural, regional and remote Australia

This issue has remained most important and most urgent for the Alliance. The work of its member bodies on this critical issue is undertaken through both the provision of services and through their own internal operations. NACCHO and ATSIC oversee the Alliance's activity in the area. In general it is agreed that more must be done to meet this goal 'using broad primary health care principles which encompass far more than formal health care services but which incorporate a greater emphasis on social issues. It is only through this broad focus that greater social justice and equity can be achieved' [Association for Australian Rural Nurses Inc].

All new employees of the RFDS undertake a comprehensive cross-cultural training program to induct them into Indigenous health issues. It is the RFDS's expectation that, in future, their educational induction sessions should all be conducted by RFDS Indigenous staff. The Service has employed two Indigenous Health Officers to be located at its Port Augusta base and additional medical officers have been recruited for the Derby base, enabling additional clinics in Indigenous communities. Its partnership with the Derby Aboriginal Health Service also enables the RFDS medical officers to conduct additional sessions at the Service in town. The RFDS's primary health care nurses are also introducing special programs to facilitate the health of Indigenous people.

The New South Wales branch of the ACHSE, in collaboration with the NSW Aboriginal Health and Medical Research Council, has conducted three two-year pilot programs in Health Management Development for Aboriginal people. The ACHSE and NACCHO have made joint submissions to the Commonwealth for the program to be national.

Frontier Services has a program called Shared Future to resource its own staff towards reconciliation and it also has an Indigenous employment strategy as well as increased Indigenous representation on its committee. The ANF is among the other member bodies of the Alliance that support the reconciliation process.

Four of the Alliance's member bodies are medical organisations: the RDAA, the Australian College of Rural and Remote Medicine, the Rural Faculty of the Royal Australian College of General Practitioners, and the National Rural Health Network (NRHN). All of them have explicit policies on Indigenous health which emphasize self-determination and a holistic and multidisciplinary approach to health. Indigenous health is currently a priority for the NRHN and one of RDAA's designated priority areas for 2002–2003 and the organisation seeks to incorporate the interests of Indigenous people in its generic policy development and input into Commonwealth initiatives. For example, RDAA successfully advocated including subsidies and support for Aboriginal health workers in the Commonwealth Practice Nurse Initiative which began in November 2001. Also, material prepared for the February 2002 Commonwealth Workshop on Point of Care Testing had a strong focus on the benefits of

immediate access to pathology results for Indigenous patients and the medical practitioners who attend them.

The Alliance's allied health groups are the Australian Rural and Remote Allied Health Taskforce and Services for Australian Rural and Remote Allied Health. These groups, as well as the Alliance's nursing bodies, have explicit targets and policies on Indigenous health, as do others such as the Australian Healthcare Association (AHA), the CWAA, Health Consumers of Rural and Remote Australia and the National Association of Rural Health Education and Research Organisations (NARHERO). The RPA is assisting improvements in Aboriginal health through the introduction of Section 100 medication supply to Aboriginal health services from rural pharmacies.

Goal 3: Undertake research and provide better information to rural, regional and remote Australians

Most of the Alliance's member bodies make submissions to reviews and inquiries as the opportunities arise and they often use the principles and structure of *Healthy Horizons*. For instance, the ANF, the Association for Australian Rural Nurses Inc and CRANA all made unilateral submissions to the Senate Inquiry into Nursing and the National Review of Nursing Education (the Alliance made a corporate submission as well). These submissions included material relating to Goals 1, 2, 4 and 5.

A number of member bodies of the Alliance produce regular research articles, newsletters and journals and the focus and content of these have frequently used *Healthy Horizons* as both a source document and a framework for the presentation of information. The ANF publishes research articles in the *Australian Journal of Advanced Nursing* and it, like many other member bodies, has its own organisational newsletter. As with other members, the RFDS frequently presents at relevant conferences such as the biennial National Rural Health Conference and WONCA, and uses the framework provided by *Healthy Horizons*.

Members of the NARHERO are major players in research on the status of rural, regional and remote health and the social, economic, environmental and political factors which contribute to it. Many of its members publish research in journals and on websites and provide feedback through various academic, professional and community forums. They report that there needs to be 'more attention to the implementation of research, knowledge and outcomes' and 'funding streams that support the implementation of research-based knowledge'.

The AHA publishes the *Australian Health Review*, which is Australia's principal peer-reviewed journal on health policy, health administration and health services research. The Review publishes peer-reviewed research on Australia's health system, including a major body of rural health service research. This covers workforce, rural funding, rural clinical service models and Indigenous health service provision. The Review encourages and develops the skills of people wishing to publish reports of rural issues and replicable rural service models.

Through the move to an internet-based publishing format, the AHA has been able to increase the access to quality information and research by rural health service providers. The AHA's National Congress is run annually and features a rural health services stream targeted at senior managers and board directors from rural and regional areas. More than 50 per cent of delegates are from rural areas.

Several of the Alliance's member bodies are involved with aspects of the work of the National Health and Medical Research Council (NHMRC). Some of them, including CRANA and the RDAA, are contributing to the NHMRC's work on assisting health care workers to manage episodes of violence.

The Alliance continues to promote and support efforts to improve the collection of rural and remote health data and their analysis and publication. The ANF proposes that we ‘ensure that the Australian Institute of Health and Welfare collects information about the number of Indigenous nurses in Australia’. The CWAA and Health Consumers of Rural and Remote Australia are among the organisations whose members would benefit from a greater amount of simple and readily available information about the real status of health in small local areas.

Goal 4: Develop flexible and coordinated services

There is now widespread acceptance that health care models that work well in metropolitan areas cannot easily be replicated in country areas. ‘The delivery of innovative and more flexible services needs to be founded on evidence-based practice and developed through collaboration between all local stakeholders, including pharmacists’ [RPA]. Many of the Alliance’s member bodies act in a collaborative fashion and work to increase partnerships. This gives them the capacity to act as a consultant and facilitator in support of community organisations. Frontier Services has adopted Queensland’s Isolated Practice Standards for all its remote area clinics.

In terms of innovative models of primary health care (Goal 4.3), several of the Alliance’s member bodies, including the ICPA, have very special interest in telehealth. The ICPA has been actively involved in the development of improved telecommunications services for rural and remote communities and in promoting the need for training and support for the users of such services.

From the perspective of the ACHSE ‘there seems to be a lack of emphasis within the policy on the role of health service management and corporate governance in rural and remote Australia’. The ACHSE argues that the same workforce issues that apply to other health professionals relate also to quality and competent health service managers. The lack of such expertise often results in services that are poorly managed for the clients, communities and staff. The net effect is that the professionals responsible have difficulty delivering quality and relevant health services. The ACHSE is therefore of the view that greater investment in management education and processes is vital.

The ACHSE also believes there is a need in rural and remote communities for greater coordination of care between the acute, community and residential aged care sectors. A good example of such coordination of care is provided by the RFDS’s partnership in Queensland with Queensland Health and the Divisions of General Practice on the Rural Women’s GP Program. The South-eastern Section of the RFDS collaborates with the Far Western Area Health Service of NSW to provide mental health services.

The RFDS remains at the cutting edge of innovations in flexible and coordinated services, particularly in more remote areas. The Rural Women’s GP Program provides female GPs on a visiting basis to towns which do not have this option. At Wilcannia the medical officers from the RFDS base in Broken Hill provide four days of medical clinics on-site and on the fifth day provide medical services via videoconferencing facilities. The RFDS medical officer at Kowanyama is rostered full-time for one month in the community and then for one month in Cairns.

The RPA is also very supportive of this goal and ‘notes that there needs to be much more research in the area of how multidisciplinary teams can best meet local health care needs’.

Rural Doctors’ Association members in all States and the Northern Territory support their communities not only through direct service provision, but also through discussions with local authorities (Shire Councils, Chambers of Commerce, etc), district health councils, consumer groups, Indigenous bodies and State Government and professional associations to ensure that

issues pertaining to the provision of quality medical services and their integration with other services are fully considered.

Goal 5: Maintain a skilled and responsive health workforce

Work under this heading remains a major part of the Alliance's overall activity.

Several of its member bodies are engaged in work related to their own professions. They agree that there is a particular need to improve the consistency of regulations and the level of support for rural and remote area practitioners, including by providing relief to allow them to upgrade and refresh their skills. The more remote is the health setting, the more serious and urgent it is to remedy these issues.

Commonwealth initiatives such as the Rural and Remote Area Nursing Scholarship Scheme relates centrally to the maintenance of a skilled and responsive health workforce. The Alliance and its member bodies played a significant role in realising these programs and play a continuing role in the administration of some of them.

The Alliance as a whole and the NRHN in particular, retains a very strong interest in the number of health science students choosing careers in rural, regional and remote areas (Goal 5.7). A number of the priority recommendations from the 6th National Rural Health Conference concerned increased participation of rural and remote students in the health professions. The Alliance is the national management agency for the John Flynn Scholarship Scheme and the Rural Australia Medical Undergraduate Scholarship Scheme.

The NARHERO is comprised of University Departments of Rural Health, Rural Health Training Units and a number of other service organisations and individuals in the rural and/or remote education and research sectors. Many of its members are engaged in direct service provision in relation to the rural and remote health workforce. For instance, they deliver cultural awareness programs in Indigenous health, certificates in mental health, careers workshops aimed at Indigenous high school students, suicide prevention programs and programs for upskilling health workers. NARHERO has reported some concerns with 'train the trainer' programs because of the stress on already overloaded staff who have a full-time job in client treatment and support. They also report major problems with rural placements for students, including in Indigenous communities, mainly because of the lack of accommodation, mentoring and other support.

The RPA is facilitating placements for pharmacist academics in the university departments of rural health and this illustrates the Alliance's general belief that these valuable institutional resources should become as multi-professional as possible. The RFDS, for instance, believes that these agencies, Rural Health Training Units and the Rural Workforce Agencies should allow their training and educational support funding to be available to all rural medical practitioners. The RPA reports a project by the University Department of Rural Health at Whyalla to bring pharmacist academics to rural and remote areas to act as mentors and to provide locum relief for local pharmacists. There is also a joint Pharmacy Guild of Australia and University of Sydney project trialing the role of community pharmacists in the delivery of services in Multipurpose Services and the provision of videoconferencing with patients for medication reviews over the internet in rural Australia.

State branches of the ACHSE, like other organisations, are delivering management programs by videoconference and satellite broadcasts. The Alliance has been on the public record over the need for secure regional air services as a critical component of the sustainability of communities and their ability to attract staff.

Perhaps the most exciting long-term vision in the rural and remote workforce area is that one day all recruitment, retention, education and support programs for health professionals will be interdisciplinary. The RPA is only one of the member bodies to emphasise the potential value of this: 'there is much potential to implement multidisciplinary recruitment and retention strategies, as so many of the workforce problems faced by the medical profession in rural and remote areas are identical to those faced by other health professionals'.

Goal 6: Develop needs-based flexible funding arrangements for rural, regional and remote Australians

A fundamental principle of the Alliance's work is the need for recognition of the additional costs of providing services in remote areas in aged care and Home and Community Care as well as in the health sector in the narrower sense. The need for services cannot be measured by their use, particularly in remote areas.

The ANF has been a key player in the establishment and operation of a new National Aged Care Alliance and it is playing a significant role in relation to needs-based flexible funding arrangements for older people in rural, regional and remote Australia.

The transport needs of people living in rural, regional and remote Australia (Goal 6.4) have been even further highlighted over the past six months because of the collapse of Ansett and the problems of several of the regional airlines. The RFDS remains the lynch-pin of health transport services for both clinics and emergency evacuation in more remote areas. The Alliance has a continuing interest in all aspects of transport including air services. The ICPA continues to argue for the maintenance of the Remote Area Air Service Subsidy and for travel allowances for people from more remote areas.

There is recognition that health services are funded and administered through a complex series of relationships between various levels of government and across departments, and that there are a variety of administrative and funding models. The need for flexible and coordinated services due to the multiple players and the varying needs of different communities is evident. Recent innovations which have demonstrated recognition of varying local needs and constraints need to be expanded to encompass a greater range of alternative models of health care, and these need to be made available to a larger number of rural Australian communities. A valuable piece of work has been undertaken jointly by the Commonwealth Department of Health and Ageing and the Alliance in which some of the alternative models for health financing, particularly for more remote areas, were described and analysed.

Goal 7: Achieve recognition of rural, regional and remote health as an important component of the Australian health system

Achieving this goal would contribute dramatically to recruitment and retention in all professions, with major benefits to rural and remote Australia. There is a particular need to change the common view of aged care as a second class occupation.

The NRHA applauds the recognition for rural and remote health which has developed and grown over the last 10 years. However, we note that while rural and remote health have achieved considerable attention and resources relative to earlier times, in terms of social justice and equity there remain considerable discrepancies between rural communities and their metropolitan counterparts in terms of access to services and the availability of resources. Therefore the momentum which has developed over the last decade needs to be sustained.

GOAL 1 Improve highest priorities first

Overview

Commonwealth

Commonwealth activity focuses on working with States and Territories to develop and implement national frameworks and strategies to address high priority health issues.

The [National Health Priority Areas](#) (NHPAs) initiative is an example of such a national framework adopted by all jurisdictions. Reports on the first five NHPAs (cancer control, mental health, injury prevention and control, cardiovascular health and diabetes mellitus) have been published. The [Rural Chronic Disease Initiative](#) aligns strongly with the NHPAs. Ten organisations are currently developing and piloting local solutions to chronic disease and injury. In the second phase, up to 100 small communities will be funded to develop and implement chronic disease/injury prevention and management programs.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health — Framework for Action by Governments* is under development and will outline agreed principles and key result areas. It is anticipated that the Framework will go to the Framework Agreement partners in each State and Territory before formal submission to Health Ministers for Cabinet endorsement by respective Governments by December 2002.

The [Commonwealth, State and Territory Strategy on Healthy Ageing](#) (March 2000) is overseen by the Healthy Ageing Task Force, with representation from all jurisdictions. A cost-benefit analysis regarding reciprocal transport concessions has been completed and the Commonwealth Government has made an election promise to provide \$19 million over four years to fund reciprocal transport concessions between all States and Territories. The [National Strategy for an Ageing Australia](#) was released in February 2002. Community discussions commenced in Victoria in March 2002.³

Of the priorities identified under Goal 1, Child and Youth Health has had the least Commonwealth focus to date. This may be an area for stronger emphasis in the future.

New South Wales

NSW Health is committed to improving the health and well-being of people living in rural, regional and remote NSW. *Healthy Horizons* provides a framework for identifying and prioritising key areas for action.

The delivery of public health services within the NSW Health System occurs through Area Health Services. There are 17 Area Health Services across New South Wales. Eight of these are classified rural, with two others considered to have significant rural populations.

Area Health Services are responsible for meeting the health needs of their populations. Funding is allocated using a [Resource Distribution Formula](#). This formula contains a Health Needs Index which gives extra weighting to areas based on the presence of certain factors known to influence health. Some of these factors include rurality, Aboriginal and Torres Strait Islander populations, ageing populations and socioeconomic status.

The policy position of NSW Health is that this is the most equitable way of allocating funding and ensuring that rural Area Health Services have the resources required to implement policies and programs that meet the needs of their populations. Area Health Services develop

³ Papers relating to the Strategy are available at www.olderaustralians.gov.au.

three-year Area Health Plans which outline key strategies for meeting these needs. This planning process gives Area Health Services the flexibility to address key issues within their own jurisdiction within the context of broader State and national initiatives.

The release of two key reports to the NSW Government in 2000 has further influenced the direction of rural health policy and programs in New South Wales. These are the *Report of the NSW Health Council* and the *NSW Ministerial Advisory Committee on Health Services in Smaller Towns* (Sinclair Report).

The recommendations of these reports are being addressed through the NSW Government's Action Plan for Health. A dedicated group has been established to oversee the implementation of recommendations directed specifically at rural areas, namely the **Rural Health Implementation Coordination Group** (RHICG). The establishment of RHICG is further recognition of support to collaboratively address rural and remote health issues. Many of the initiatives contained in the NSW *Healthy Horizons* report are a result of the work of RHICG.

Victoria

Within the Victorian Department of Human Services the highest rural health priorities have been addressed through a range of initiatives in all of the main program areas. Key achievements include:

- delivery of more culturally appropriate services for Aboriginal and Torres Strait Islander people;
- coordination of mental health service delivery;
- suicide and attempted suicide prevention projects for at-risk youth;
- improvement and expansion of professional diabetes prevention practices;
- development of referral and clinical pathways to treat heart, stroke and vascular disease;
- delivery of community education programs on injury prevention including farm safety, falls prevention among the elderly and sporting injuries;
- development of the Best Start child health and development policy framework; and
- expansion of Home and Community Care programs for older people.

The **Primary Care Partnerships Strategy** (see box on page 136) also addresses key health and well-being issues, including many of those identified in the *Healthy Horizons* Framework. As well, The Victorian **Rural Human Services Strategy** (see box on page 212) is being developed to provide a framework to plan the delivery of sustainable high quality human services in rural and regional Victoria for 2002–2007.

Queensland

Queensland Health is addressing the highest health priorities through strategic policy and planning and targeted initiatives. Improving the health of Aboriginal and Torres Strait Islander peoples has been nominated as one of three strategic priorities and a broad range of health improvement programs has been initiated to pursue this aim.

Queensland Health has responded to the NHPA initiative by developing comprehensive **Health Outcome Plans** focussed on prevention and treatment options to improve health outcomes for individuals and communities. Plans are completed for diabetes mellitus; coronary heart disease; injury prevention and control; and asthma. Plans for cancer and for stroke are nearing completion.

Queensland Health has a [10-Year Mental Health Strategy](#), which recognises rural and remote communities as a priority group. The [Queensland Government Youth Suicide Prevention Strategy](#) aims to prevent deliberate self-harming behaviour, particularly suicide, and to reduce the impact of youth suicide on individuals, families and communities. The [Young People at Risk Program](#) and the [Rural and Remote LIFE Promotion Program](#) are innovative Queensland Health initiatives in this area.

Queensland Health is developing a [Strategic Policy Framework for Children's and Young People's Health 2002–2007](#) to guide the reorientation and enhancement of health services for children and young people in Queensland over the next decade and is finalising its [Strategic Directions for Older People's Health Services 2002–2007](#).

South Australia

Priorities vary across rural, regional and remote South Australian communities. The NHPAs are key areas requiring action. A major policy objective for the Department of Human Services is the improved integration of rural services within an [Integrated Community Planning Framework](#). This establishes a framework for integrated service provision across the three key areas of the Department: health, housing and community services. It enables human service managers at an area level to identify shared local priorities, which will ensure that the human service needs of country communities are met in a flexible, creative and effective manner. As a result of this focus on integration, the scope of initiatives is broader and often addresses more than one priority area.

Key achievements under Goal 1 have included:

- development of rural mental health services, eg leadership, policy development, standards and education for community-based mental health services;
- better linkages between health, housing and community services with a stronger focus on integrated planning involving local people and organisations;
- better health outcomes for Aboriginal people;
- addressing the increasing prevalence of diabetes;
- immunisation program for students in South Australia; and
- contributing to the development of a specific focus on older people in rural, regional and remote South Australia.

Initiatives also in progress include: [Review of Country Domiciliary Care Services](#), [Rural Regional Women's Health and Well-Being Plans](#), [Children and Healthy Food](#), additional funding for [early childhood intervention services](#). These initiatives all have a regional focus.

Western Australia

In response to the Commonwealth's NHPA initiative, the Western Australian Department of Health has established an [NHPA program](#) within the Health Enhancement Branch, Public Health Division. This program has taken responsibility for five of the six NHPA: cancer, injury, diabetes, cardiovascular disease and asthma with mental health remaining in the Mental Health Division.

Tasmania

The Tasmanian Department of Health and Human Services recognises the importance of balancing 'reactive' services to sick individuals with 'proactive' strategies aimed at prioritising resources and focussing on population health improvement. To this end, the

Department has a divisional structure which includes a [Division of Community Population and Rural Health](#) with specific responsibility for managing population health issues. The Department is also an active collaborator with other key agencies including the University Department of Rural Health and the Tasmanian General Practice Division.

Northern Territory

Improving the health of Aboriginal and Torres Strait Islander peoples, especially those living in remote communities, is the number one health concern in the Northern Territory, with more than half of the Territory's Health budget directed toward this objective.

Mental health services have combined with alcohol and other drugs and health promotion to form the [Social and Emotional Wellness](#) branch with a greater emphasis on population wellness.

The issue of suicide and attempted suicide is being addressed via the [NT Life Promotion Project](#). This acclaimed best-practice model aims to promote the physical, spiritual, emotional and sociocultural well-being of individual, families and communities.

The [Preventable Chronic Diseases Strategy](#) has been developed to collectively address five chronic diseases — type 2 diabetes, hypertension, heart disease, kidney disease and chronic airways disease. This comprehensive strategy targets prevention, social health determinants, lifestyle modification, early detection, treatment, rehabilitation and outreach services. This overarching strategy integrates a number of programs with particular relevance to rural and remote areas such as the [Growth Assessment and Action Program](#) which has had a positive impact on the growth and nutritional status of children in remote NT communities.

Injury prevention and control initiatives are currently undergoing review to identify gaps in the current program and to integrate the National Injury Prevention Plan. Current focus areas include prevention of drowning, falls and poisoning in children.

Child and Youth Health capacity has been dramatically boosted with the injection of an additional 25 staff with specialist child health skills into remote area clinics. A review of [Early Childhood Services](#) is nearing completion and the recommendations of this review will be implemented by mid-2002.

The focus of aged care initiatives is collaboration with the Commonwealth Department of Health and Ageing to develop flexible aged care services in rural areas.

Australian Capital Territory

The ACT Department of Health and Community Care is strongly committed to addressing health priorities under the NHPA initiative.

Mental health has a strong focus through health system infrastructure and while the capacity to monitor progress (eg system and service performance) has been limited, the ACT is putting effort into improving these areas.

Territory-wide arrangements have been put in place to support the integrated model of care for diabetes. The ACT Diabetes Database, which was implemented from August 2001, will electronically collect the data required to measure health outcomes and monitor progress toward achieving health gains.

There has been targeting of children and the elderly in the injury prevention and control area. A comprehensive injury prevention strategy has been identified as a priority for 2002.

The ACT also provides services to residents of NSW in the surrounding shires.

1.1 Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples' health to be improved with urgency

- In 2002–03 the National Aboriginal and Torres Strait Islander Health Council will continue its important work in completing the **National Strategic Framework for Aboriginal and Torres Strait Islander Health — Framework for Action by Governments**. The framework will outline agreed principles and key result areas that all jurisdictions and the community sector can commit to and will work collaboratively to achieve over the next 10 years. It is proposed that the Framework be developed nationally for adoption by all jurisdictions and with bipartisan support.
- It is anticipated that the Framework will go to the Framework Agreement partners in each State and Territory before formal submission to Health Ministers for Cabinet endorsement by respective Governments by December 2002.

Program	Outputs/Outcomes	
Current Commonwealth programs with the aim of improving the health of Aboriginal and Torres Strait Islander peoples are discussed in detail under Goal 2.	See Goal 2.	CW
A range of initiatives is being implemented under Ensuring Progress in Aboriginal Health: A Policy for the NSW Health System and the NSW Aboriginal Health Strategic Plan .	See Goal 2.	NSW
Under the Regional Koori Human Services Plan priority issues are being identified and plans are being developed to address those priorities.	See Goal 2.	VIC
QLD Health has nominated improving the health of Aboriginal and Torres Strait Islander peoples as one of its three strategic priorities.	See Goal 2.	QLD
The SA Government has committed to advance Aboriginal reconciliation by encouraging greater understanding between all Australians, and by recognising the special needs of Aboriginal communities, especially in health and education .	See Goal 2.	SA
WA initiatives to improve Aboriginal and Torres Strait Islander health are discussed under Goal 2.	See Goal 2.	WA
The Second Framework Agreement On Aboriginal Health for TAS is currently being negotiated.	See Goal 2.	TAS

Program	Outputs/Outcomes	
Improving the health of Aboriginal people especially those living in remote communities, is the priority health concern in the NT. A Policy Unit focussing on Aboriginal Health Issues has therefore been established within the Department of Health and Community Services	See Goal 2.	NT
The ACT has developed a local Aboriginal and Torres Strait Islander Regional Health Plan to cover the years 2000–2004.	See Goal 2.	ACT

1.2 Mental health

Mental health outcomes for people in rural, regional and remote areas to be improved by implementing the second National Mental Health Plan

Program	Outputs/Outcomes	
Regional Australians have been identified as a priority population under the National Mental Health Strategy .	Projects under the Strategy include: <ul style="list-style-type: none"> • a rural mental health information service; • mental health workforce assistance; • the Rural Health Education Foundation; • integrated mental health service demonstration projects; and • grants to community services. 	CW
National Health Priority Area — Mental Health	See box on page 50.	CW
Significant progress has occurred in NSW in establishing promotion, prevention and early intervention in mental health initiatives through the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health .	A NSW Steering Committee has been established with a broad representation from across health, non-government organisations and consumers and carers. Forums were conducted across NSW from March to August 2001 with the aim of: <ul style="list-style-type: none"> • increasing awareness; • reviewing and progressing implementation of the Action Plan; • enabling local Area mental health services to gather input; • launching the National Action Plan 2000 locally; and • show-casing local initiatives. 	NSW

- Queensland Health has a **10-Year Mental Health Strategy** that recognises rural and remote communities as a priority group. One of its aims is to provide self-sufficient services in a geographically defined area. In provincial Queensland, services are organised into networks around catchment populations with a minimum size of 100,000 people. The key directions for rural and remote services are:
 - outreach services from principal service centres to rural centres;
 - satellite services in key rural centres;
 - collaborative networks with other local health services;
 - access to acute inpatient services in principal service centres;
 - special care suites in some rural general hospitals for treatment of acute episodes;
 - professional development and clinical supervision of the rural and remote health workforce;
 - extending communication technology for service provision, training and support;
 - supporting rural primary health care providers with training, and referral and support networks; and
 - employment of Indigenous mental health workers.

Program	Outputs/Outcomes	QLD
Rural and remote communities are identified as a strategic priority group in QLD Health's Implementation Framework to Guide Promotion, Prevention and Early Intervention Activities in Mental Health .	The project, piloted in Innisfail, is applying a population health model to mental health services. Four themes are being pursued: <ul style="list-style-type: none"> • whole of community; • Aboriginal and Torres Strait Islander peoples; • culturally and linguistically diverse communities; and • young people, school-based settings and families. 	
The Country Mental Health Program aims to address leadership, policy development, standards and education for community-based mental health services, resource allocation, rehabilitation and enhanced services in regional areas. The program will specifically target stable supported accommodation initiatives for people with complex needs, the maintenance and extension of tele-psychiatry services, promotion of greater integration of mental health services within a regional network, and provision of training and education support to attract and maintain an effective rural workforce.	In June 2000, the Department of Human Services released the <i>Implementation Plan for Mental Health in SA 2000–2005</i> . The Plan identifies 12 key strategic areas for reform of mental health services, particularly in rural and remote areas. An additional \$2.3m in recurrent funding was allocated in 2001 to support the implementation of these directions in country SA. In 2000–2001, \$600,000 was provided to country regions to develop targeted mental health promotion programs. See case study on next page.	SA

Promoting mental health in rural and remote South Australia

- The Department of Human Services has funded a Mental Health Promotion Program across rural and remote South Australia. The country regions have demonstrated a strong commitment to ongoing mental health promotion by building links and forming collaborative partnerships. Projects under the Program have contributed to the capacity to provide effective mental health promotion. Highlights have included:
 - the **Community Alive through Art** project (Pt Augusta), which aims to reduce the stigma often attached to mental health issues, targeting at-risk groups;
 - the **Social Wealth: Better Health** project, which has developed the capacity of families and individuals in the Mid North Region to promote mental wellness by increasing access to local social networks and services;
 - the **Open Mind** project (Pt Lincoln), which focuses on prevention of youth suicide through those at risk and has developed partnerships with Indigenous services and population; and
 - the **Promoting Positive Thinking in Schools** project (Riverland), which aims to increase skills and knowledge of the issues and effects of mental well-being on children and young people. It has effectively linked schools across the region and is one of the projects under consideration for the National Mind Matters Evaluation.

Program	Outputs/Outcomes	
A state-wide clinical and service enhancement program has been developed to increase access to clinical intervention for clients in remote locations and to provide training and education to rural and remote service providers.	Piloting of the programs has commenced. The program uses the Telepsychiatry Network for the delivery of program initiatives and has the following key four program streams: <ul style="list-style-type: none"> • education and training; • service development; • research and evaluation; and • clinical. 	WA
A State Rural Mental Health Plan has been developed as a collaborative venture by the Department of Health and Human Services, Divisions of General Practice, University of TAS and the TAS Advisory Group on Mental Health.	Implementation of the Plan has commenced.	TAS
The Second Mental Health Action Plan for Promotion, Prevention and Early Intervention Mental Health Services	A Policy Officer position has been established to work with community partners to enhance the adoption of promotion, prevention and early intervention approaches. This position also represents the NT on the Auseinet (Australian Network for Promotion, Prevention and Early Intervention for Mental Health) Management Committee. A workplan to address implementation issues of the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health is currently underway.	NT

Program	Outputs/Outcomes	
The Mental Health, Alcohol and Other Drugs and Health Promotion Programs have been combined to form a new Branch within the Department of Health and Community Services, the Social and Emotional Wellness Branch .	This allows for shared program approval, interaction and synergies for improving population wellness.	NT
A range of innovative programs with an emphasis on mental health promotion and early intervention were established through the 2001–2002 ACT budget.	<p>Funding has been provided for:</p> <ul style="list-style-type: none"> • psychiatric consultation to GPs, providing co-assessment, case reviews and assistance with management plan formulation; and • spiritual and emotional support to mental health (and other) consumers, carers and staff through trained volunteers at The Canberra Hospital. <p>Additional funding has also been provided to the post and antenatal support group to increase its capacity.</p>	ACT

Improving services

Program	Outputs/Outcomes	
Medical Specialist Outreach Assistance Program See box on page 206.	Visiting psychiatry services have been approved for funding in TAS, WA, NSW, Victoria and SA. One psychiatry training post has been approved for Victoria.	CW
The More Allied Health Services program provides funding for additional professional allied health services to rural communities. Funding is managed by the 66 eligible rural Divisions of General Practice.	<p>Estimates in October 2001 indicated that more than 140 full-time equivalent allied health positions will eventually be available nationally in rural and remote areas.</p> <p>Services currently funded include mental health services provided by a range of professionals including psychologists, Aboriginal mental health workers and registered nurses.</p>	CW
Multipurpose Centres, Multipurpose Services (see box on page 133) and Regional Health Services (see box on page 144) provide mental health, counselling and social work services.	Services are provided through 10 Multipurpose Centres, 16 Multipurpose Services and 46 Regional Health Services as part of their overall service delivery.	CW
Mental Health Integration Projects aim to establish and document approaches to integrating private psychiatric services and public sector mental health services.	The project in the Far West Area of NSW is one of three currently in progress. It trials ways of improving services to those with mental health problems in a remote or rural setting. It is anticipated that the project will increase direct access to consultant psychiatric services by at least 200 per cent. Specific initiatives are also being undertaken with Aboriginal medical services and GPs.	CW

Program	Outputs/Outcomes	
<p>Enhancement funding for mental health will fund the recruitment of 300 additional direct care staff to support expansion of mental health services in the community. Funding will also support the provision of 90 new acute adult inpatient mental health beds.</p>	<p>The annual expenditure on mental health services in rural NSW will grow by \$30.3m in the three-year period to June 2003. This represents significant growth in expenditure in all rural Area Health Services.</p>	NSW
<p>Funding has been provided for mental health care in emergency departments in non-metropolitan areas.</p>	<p>\$1.5m has been allocated and 11 mental health liaison nurses will be available to emergency departments in rural areas to see people with mental health problems and to provide inservice education for staff.</p>	NSW
<p>The Rural Mental Health Skills Development Project provides specialist mental health services to remote towns in NSW. Specialist psychiatrists, psychiatric nurses and social workers (mostly from teaching hospitals in Sydney) fly to remote towns and provide direct clinical care to patients and supervision to local staff as well as case conferences and lectures to GPs.</p>		NSW
<p>Funding has been provided to increase community health counselling services in rural Victoria.</p>	<p>There has been an estimated increase of 13,000 hours of service delivery.</p>	VIC
<p>Financial support has been provided to the Community Health Program area for Therapeutic Counselling Grants.</p>	<p>A variety of projects targeting recruitment and retention of practitioners undertaking therapeutic counselling in community health in rural and remote areas have been supported.</p>	VIC
<p>The Mental Health Division has developed a telepsychiatry network (an audio and visual communications network) to enable specialist clinicians to provide services to clients in remote locations.</p>	<p>Telepsychiatry units are now established in 35 clinical centres around the State.</p>	WA
<p>Mental health services across the State participate in monitoring of clinical policies and standards. Teams of clinicians from other mental health services undertake clinical review onsite and consider compliance with clinical standards. Recommendations are made by the Chief Psychiatrist to improve standards of care.</p>	<p>Clinicians have welcomed the opportunity to review other services, gaining new ideas and fostering collaboration and support across the sector for best practice.</p>	WA
<p>National Mental Health Standards are being implemented and will be monitored through the health service accreditation process.</p>	<p>A more specific program of implementation was introduced in 2001.</p>	WA
<p>An annual program of grants has been established to enhance mental health services.</p>	<p>Projects funded are varied. All address aspects of services quality including: program evaluations, testing pilot service models, implementing new service models and implementing programs of service performance monitoring.</p>	WA

Program	Outputs/Outcomes	
The Rural Clinical Services Enhancement Program is designed to assist rural mental health service providers to better access specialist clinical consultation, program consultation and regular education and training opportunities.	A program coordinator, working to a management team comprised of rural and metropolitan staff, organises a range of consultation and educational events. Many of these use the telepsychiatry network.	WA
In the event of State disasters , the Chief Psychiatrist of the Department of Health liaises with mental health services to: <ul style="list-style-type: none"> ensure that mental health services have the capacity to maintain clinical service delivery to current patients; ensure that mental health services staff are supported; and provide clinical services and expertise to other agency personnel who provide services in a disaster. 	The Office of the Chief Psychiatrist has provided a coordinated response strategy to rural areas under its <i>Mental Health Disaster Response Guidelines</i> on four occasions during 1999 to 2001. The guidelines are an integrated subset of <i>Westplan Health</i> , the State Health Emergency Management Support Plan.	WA
A Primary Mental Health Care Development Officer , jointly funded by the State and Commonwealth, is now based with the TAS General Practice Division and is working to educate GPs to enhance early detection of mental illness.	This was initially a two-year appointment, but has been extended for a further three years. A number of pilot projects have been developed, including GP peer circles, which will be evaluated in 2002.	TAS

Partnerships

Program	Outputs/Outcomes	
Partnerships between mental health services and GPs aim to improve flow of information, health care and access to both service sectors. Local projects include the use of videoconferencing facilities for GPs and their patients, giving remote towns access to central specialist personnel through regular link-ups.	\$2.49m has been allocated to improve mental health care and flow between service sectors. General practice liaison officers have been appointed in each of the Area Health Services. GPs have been recruited to this position in two of the rural areas.	NSW
Partnerships with people of culturally and linguistically diverse backgrounds are supported through the Transcultural Mental Health Centre of NSW , which is developing a plan for providing clinical services, mental health promotion and training in rural areas.	A total of \$140,000 over two years has been allocated to the Centre. A project officer will be employed to coordinate activities including training workshops and mental health promotion sessions in 10 languages. Bilingual counsellors will be involved.	NSW
NSW Health and the NSW Department of Housing are working together on a number of initiatives to expand the Joint Guarantee of Service to include other government departments and non-government organisations. A number of pilot projects to further this process are being developed both through the Interdepartmental Partnership Against Homelessness and separately to this.	Housing and accommodation support for people with mental health problems has been identified as a priority by the Mental Health Implementation Group which is developing a framework for progressing system development in this area.	NSW

Program	Outputs/Outcomes	
Commonwealth funding has been allocated to six Area Health Services to enhance partnerships in mental health with Aboriginal Communities in NSW.	At a regional level, partnership agreements are being progressively signed between local Area Health Services and Aboriginal Community Controlled Health Organisations in their local area.	NSW
Funding to support partnerships with other service sectors has allowed an increased involvement of consumers and carers, partnerships with the Courts and other partnerships.	\$1.2m has been allocated to appoint a consumer and carer representative in each rural Area Health Service. Additionally, \$1.2m has been allocated for the building of partnerships between mental health and Criminal Justice sectors and to establish a Court Liaison Program.	NSW
The General Practice and Psychiatry Program is a collaborative mental health service delivery program based on partnership between mental health services, GPs and consumers.	The program has provincial (Rockhampton) and remote (Longreach) pilot service delivery programs in addition to a metropolitan one.	QLD

Prevention and early intervention

Program	Outputs/Outcomes	
Funding has been provided towards the prevention of mental health problems in rural areas . This funding is being used across a range of initiatives covering promotion, prevention and early intervention for mental health conditions. These include: programs focussing on pre and perinatal issues for young mothers; parenting initiatives; and programs for children with parents with a mental illness.	\$2.9m has been allocated for rural mental health prevention.	NSW
Funding has been provided to the Centre for Prevention of Psychological Problems in Children at the Children's Hospital at Westmead to identify, develop and facilitate the progress of mental health prevention initiatives for children living in rural Areas.	\$300,000 has been allocated.	NSW
A number of initiatives have been implemented, aimed at improving early detection and intervention in depression and psychosis , particularly in young people.	The <i>Dumping Depression</i> Youth Mental Health Promotion Resources have been printed and distributed throughout NSW. The <i>SAFE</i> Program has established an early intervention model for young people with first onset psychosis. The model has been implemented in one Area Health Service and will soon be implemented in other rural areas across NSW.	NSW

Research and training

Program	Outputs/Outcomes	
The Centre for Rural and Remote Mental Health was established in partnership with Mid Western Area Health Service and Newcastle University with the aim of supporting the development of rural and remote mental health services.	Funding of \$4m has been allocated over a five-year period. An additional \$350,000 is being invested to provide facilities to support this development. See also Goal 7.3.	NSW
In collaboration with the College of General Practitioners, NSW Health has provided funding to support training for GPs in mental health in rural settings. The program aims to enhance GP skills for assessment and treatment of mental health problems, especially where access to specialist services is restricted.	Funding of \$160,000 has been provided.	NSW

Innovative program promotes interest

- The **Clinical Psychology in Rural General Practice** program, which funds postgraduate students in clinical psychology in rural general practice settings, began in March 2001 in Bathurst, New South Wales. Funding of \$346,366 over two years was provided to co-locate clinical psychology students from Charles Sturt University in local general practices. During the first placement approximately 100 consumers were treated over a total of 230 sessions.
- During 2002 the project will extend to the University of New England and University of Ballarat. In addition the Central West Division of General Practice has linked with Charles Sturt University in Bathurst to extend the project to a rural community (Rylstone) and a remote community (Trundle). There is considerable interest being expressed in this Project from other universities and Divisions of General Practice, particularly in Western Australia and Queensland. In addition, there has been some international interest in project outcomes.

Program	Outputs/Outcomes	
The Mental Health Information Development Program supports Mental Health Outcomes and Assessment Training, with leadership in system development currently being provided by Macquarie Area Mental Health Service.	The program has been developed and is being implemented in rural NSW. Major workshops in rural areas are facilitating the building of clinical skills and the documentation and measurement of mental health outcomes.	NSW
Rural mental health conferences and seminars are held regularly in rural NSW.	Special seminars on early psychosis and meetings of child and adolescent mental health coordinators have been used to build understanding of the special needs of rural and remote communities. The Centre for Rural and Remote Mental Health has held a major consultative conference to identify key priorities and engage relevant stakeholders.	NSW
The Primary Mental Health Initiative aims to provide training and consultation to GPs and primary health services.	Primary Mental Health Teams will be established in every Area Mental Health Service across Victoria.	VIC

Program	Outputs/Outcomes	
Mental Health/Carer Advocacy Consultancy	The Mental Health Council of Australia has developed a curriculum for advocacy training for consumers of mental health services and carers of people with a mental illness which will be accessible to consumers and their carers in remote locations.	NT

Improving awareness

Program	Outputs/Outcomes	
As part of the Rural Mental Health Information Service and Referral and Information Database , a national call centre called <i>Just Ask!</i> has been established to provide information about mental health, mental illness, and available related services including community and peer support.	The program was launched in September 2001 in Nowra, NSW. Approximately \$400,000 was allocated for establishment and the first 18 months of operation.	CW
A major collaborative program of community education and awareness of depression has been developed and implemented in several rural areas, targeting rural cultures and need (eg farmers and men in rural communities).		NSW

Supporting families

Program	Outputs/Outcomes	
The School-Link Training Program for school and TAFE counsellors and mental health workers focuses on depression and related disorders in adolescents and a collaborative approach to the recognition, prevention, understanding and management of mental health problems of young people at school and TAFE. During the School-Link Training Program, participants develop local depression action plans and the School-Link Coordinators work with the participants to implement these plans.	\$3.1m has been allocated over five years to establish School-Link in rural areas. Over 90% of school and TAFE counsellors and adolescent mental health workers in rural NSW have participated in the training program, in locations all around the State. In some areas, there was considerable participation by Aboriginal health workers. School-Link Coordinators have been appointed in rural Area Health Services, and have been active in making direct links with schools and other key education personnel in their health districts and implementing promotion and prevention programs in schools.	NSW

Program	Outputs/Outcomes	
The NSW Parenting Program is a five-year program, supporting development of evidence-based parenting programs across the State. The programs aim to reduce the level of behavioural and emotional problems in children, particularly in pre-school aged children.	Parenting programs have been established across rural NSW. Several rural Area Health Services have participated in the state-wide training for the <i>Triple P (Positive Parenting Program)</i> , and are currently implementing or planning to implement these programs. Other evidence-based parenting programs are also being implemented in rural NSW.	NSW
The Child and Adolescent Psychiatric Telehealth Outreach Service from the Children's Hospital at Westmead, provides child and adolescent mental health services to rural NSW. Outreach visits by specialist child and adolescent mental health teams complement regular telepsychiatry assessment, education and support.	Programs have been implemented within all rural Area Health Services.	NSW
Supported Residential Services for Youth 16–24 years	Two 10-bed facilities providing medium-term transitional rehabilitation and support to young people prior to moving to independent living after an acute episode of a severe mental illness have been established.	VIC
GOWEST (Barwon South Western Region) aims to reduce high-risk behaviours in youth.		VIC

Targeting specific groups

Program	Outputs/Outcomes	
Aboriginal mental health workers in rural Areas	NSW Health has allocated two years funding to the employment of 10 Aboriginal mental health workers across NSW. Seven of the ten positions are located in rural regions.	NSW
The Koori Human Services Unit has established the Woolartbe Werna Gippsland Regional Program .	This program provides home-based outreach support for Aboriginal people.	VIC
Health Programs for People with Disabilities aim to develop a coordinated, integrated range of mental health services for people with disabilities		VIC
Funding has been provided to the Body Image Evidence-Based Review .	The primary outcome is fostering healthy body image.	VIC
The Acquired Brain Injury Information for Rural and Remote Communities Project includes Aboriginal communities.	The project develops sustainable strategies for the provision of information to service providers and consumers about acquired brain injury, its impact and services available to respond to the needs of people with acute brain injury as well as their carers.	VIC

 Minimising harm from alcohol and drugs

Program	Outputs/Outcomes	
The Dual Diagnosis Mental Health Alcohol and Drug initiative aims to provide training and consultation to local mental health and drug treatment services.	Nine new specialist Dual Diagnosis positions have been established in rural Victoria.	VIC
Rural Youth Residential Withdrawal Services	Drug withdrawal services and 'time out' are provided to 124 young people each year.	VIC
The Parent Support Program provides support to parents and families of drug users and assists them to respond effectively to children and other family members with a drug problem.		VIC
Family Counselling (Drug and Alcohol) Program strengthens services' capacity to deliver family counselling to those affected by drug and alcohol problems.		VIC
Post Withdrawal Linkage Support aims to ensure linkages that will encourage people to remain off drugs and help to prevent relapse. The program links those who have undergone a drug treatment program to post-withdrawal counselling support in their local area.		VIC
CCCC – Post Rehabilitation Support aims to break the cycle of drugs and prevent ongoing harm to both the individual and the community from drug-related offending.		VIC
A range of initiatives has been undertaken with the aim of minimising drug and alcohol-related harm .	Among other initiatives, early intervention and health promotion action plans have been developed for alcohol and drug-related harm (20 rural Health Service sites) and for alcohol and tobacco-related harm (12 rural Health Service sites).	WA

1.3 Suicide and attempted suicide

Suicide and attempted suicide to be reduced particularly for young people in rural regional and remote areas by the implementation of National Youth Suicide Prevention Strategy

- The **Commonwealth** has committed \$39.2 million over four years for a **National Suicide Prevention Strategy** to build on the former **National Youth Suicide Prevention Strategy**. The Strategy will continue its focus on young people as an important priority group, but has been expanded across the age spectrum to include other at-risk groups, such as residents of rural communities and Aboriginal and Torres Strait Islander communities.
- Programs under the initiative have included:
 - grants to States and Territories boosting rural and regional youth counselling services;
 - grants to rural and remote areas, exceeding \$2 million for 2000–2001, to implement other community-based suicide prevention activities;
 - training programs for over 2,500 general practitioners, community health workers, Aboriginal and Torres Strait Islander communities, and tertiary students in medicine, nursing, teaching, journalism, youth work, and juvenile justice;
 - the national depression initiative Beyond Blue;
 - the MindMatters initiative, which seeks to encourage schools to develop supportive and responsive environments for young people; and
 - funding to Rotary to conduct mental health promotion and prevention forums, including in rural and remote areas.

Program	Outputs/Outcomes	
<p>Suicide prevention is a priority of the NSW Government, with several initiatives addressing suicide prevention underway. <i>We Can All Make A Difference: NSW Suicide Prevention Strategy</i> was released in 1999. The Strategy is coordinated by the Centre for Mental Health in NSW Health in consultation with 16 other NSW government departments, Area Health Services, non-government organisations, community leaders and others.</p>	<p>The Strategy addresses suicide prevention for all age groups. It embraces a public health approach emphasising the importance of promoting mental health, well-being, prevention and early intervention for a range of suicidal and related behaviours and disorders. Emphasis is also placed on use of evidence-based practice, involvement of consumers, meeting the needs of local communities, and having objectives consistent with national and international goals.</p>	NSW
<p>The NSW National Suicide Prevention Advisory Group was established in June 2000 to oversee the allocation of National Suicide Prevention funding to NSW. The Advisory group comprises representatives from Commonwealth, State Government and key community organisations.</p>	<p>\$4m has been allocated to NSW over four years, with the aim of promoting better outcomes and more effective and focussed use of resources. Recommendations for NSW have been forwarded to the Board for their consideration.</p>	NSW

Program	Outputs/Outcomes	QLD
<p>The Rural and Remote LIFE Promotion Program (Living Is For Everyone), a joint State and Commonwealth funded program, provides a framework for the prevention of suicide and self-harm, and the promotion of mental health and resilience in QLD. It addresses suicide prevention across the lifespan but focuses on the at-risk groups of young people, especially in rural and remote communities.</p>	<p>The Program is facilitated through LIFE promotion project officers in six centres.</p>	QLD
<p>National Suicide Prevention Strategy</p>	<p>The SA Department of Human Services is contributing an additional \$100,000 to Indigenous-specific projects.</p>	SA
<p>WA has had a youth suicide prevention strategy in place since 1989. Under its new title, the Ministerial Council for Suicide Prevention has broadened its focus and will coordinate suicide prevention for all age groups.</p> <p>In addition to these strategies the WA government is implementing an Aboriginal youth suicide prevention policy. Currently the Health and Aboriginal Affairs Departments and the Council are coordinating the development of universal prevention strategies. The proposal is for community-based approaches to suicide prevention and seeks across government endorsement.</p>	<p>WA projects funded under the first round National Suicide Prevention Strategy have entered into contracts and are in the implementation phase.</p> <p>16 projects have received approval from second round funding with 9 of these focussing on rural and remote areas. Funding agreements are currently being negotiated and the majority of projects will commence in April 2002.</p>	WA
<p>The Department of Health has provided funding towards specific suicide prevention initiatives. In addition to this all public mental health services provide intervention for people who are at risk of suicide.</p>	<p>In 2000–2001, the Department spent \$2,487,880 on specific initiatives including:</p> <ul style="list-style-type: none"> • intensive support services for people who have attempted suicide or are at high risk (five Health Services); • emergency department social work services (Fremantle, Sir Charles Gairdner and Royal Perth Hospitals); • the Samaritans Youth Liaison Program; and • GP training in suicide risk awareness and counselling. 	WA
<p>Four projects in TAS have been funded for the first 12 months under the National Suicide Prevention Strategy.</p>	<p>Aims to reduce incidence of suicide in TAS.</p>	TAS
<p>The TAS General Practice Division is working with the national depression project Beyond Blue.</p>	<p>Aims to identify high-risk individuals and promote appropriate intervention strategies.</p>	TAS

Program	Outputs/Outcomes	
Draft NT Suicide Prevention Strategy	The Department of Health and Community Services chairs an Interdepartmental Committee responsible for the development of a NT Suicide Prevention Strategy. The Draft Strategy, with a particular focus on young people, is currently being finalised. The promotion of well-being, resiliency, community capacity and partnerships with Aboriginal and Torres Strait Islanders are recognised priority areas.	NT
Other related initiatives	The Department of Health and Community Services continues to support initiatives such as MindMatters, the Resourceful Adolescent Program and the Resourceful Adolescent Program for Parents , and the Living Works Applied Suicide Intervention Skills Training Program to reduce suicide and related mental health problems.	NT
<p>The Life Promotion Program is a collaborative approach between the Commonwealth and NT Governments to establish a comprehensive Life Promotion service and community network to prevent and reduce suicide and its adverse consequences on individuals, families and communities.</p>	<p>The NT's Life Promotion Project was acclaimed as a best practice model at the April 2000 Suicide Prevention Australia Conference.</p>	
<p>The Program aims to promote the physical, spiritual, emotional and socio-cultural well-being of individuals, families and communities through community-owned and developed initiatives. Aboriginal and non-Aboriginal Life Promotions Officers work with individual communities, schools and relevant agencies in urban, rural and remote areas to implement, develop and support culturally appropriate programs to address youth suicide and at-risk behaviour.</p>		NT

Youth suicide and self-harm

Program	Outputs/Outcomes	NSW
Suicide prevention initiatives have been established throughout rural and regional NSW under the NSW Rural and Regional Youth Suicide Prevention Project .	Initiatives under the project have included: <ul style="list-style-type: none"> • suicide prevention education and training for the general public, welfare and related agencies and health staff; • community development initiatives including with Aboriginal communities; • healing camps for young Aboriginal people experiencing grief and loss; • specific suicide prevention projects targeting higher risk young people, including young people attracted to their own sex or those questioning their sexuality; • sexuality support groups for young people and telephone support service for young people regarding sexuality issues; • community initiatives to encourage young people to seek help; and • the Rural and Regional Youth Suicide Prevention Evaluation Framework to assist evaluation across all of the 13 rural and regional health services involved. 	NSW
The Rural Same Sex Attracted Young People Project is a joint initiative with the VicHealth Mental Health Promotion Plan 1999–2002.		VIC
The Rural Youth Suicide Forum aims to identify at the community level issues related to youth suicide to inform strategic planning.		VIC
The Youth At Risk Networks: Rural Youth Suicide Prevention Program provides a one-day forum for stakeholder agencies in each of the 15 rural Department of Employment, Education and Training school clusters to provide information on the internationally recognised ASIST model to key staff and the community.		VIC
The Gay and Lesbian Youth Support Project is a three-year project targeted at the delivery of accessible and appropriate health and welfare services to gay and lesbian young people throughout Victoria.		VIC
The Koori Youth Suicide Prevention Program aims to build self esteem via interaction with cultural programs that focus on cultural identity and spiritual continuity.		VIC

Program	Outputs/Outcomes	
Youth Suicide Prevention Strategy Initiative (Gippsland Region)	Young people have begun to access other services (eg drug and alcohol services) at an increased rate.	VIC
The School Focussed Youth Service provides assistance to schools, communities and families to support youth at risk.		VIC
The Youth Suicide Prevention Project in the Hume Region tackles youth suicide prevention through sporting settings.		VIC
Building resilience in identified at-risk young Aboriginal men aims to reduce the risk of suicide.	Outcomes include development of local youth councils and camps aimed at early identification by peers of youth. See case study below.	VIC

Bush Business for Young Blokes in Victoria

- Ashley was familiar with court appearances and petty crime. A nocturnal lifestyle and loss of 'pride' left him at a very risky point in life's journey. As a young koori man he was disconnected from education and employment.
- The Victorian Bush Business for Young Blokes program gave Ashley a chance to challenge himself in many ways. The Program aims to build resilience in at-risk young Aboriginal men by creating opportunities for connecting with families and communities and engaging the local community. The Program offers adventure activities in bush settings and cooking and education programs in small group settings.
- Finding self-respect through achievable goals has boosted Ashley's confidence and sense of purpose. He has worked with a community business as part of the program earning the respect of his employer. Ashley is now able to be a young bloke with 'pride' and belonging. He volunteers in programs assisting younger kids and is seen as someone to look up to. He is no longer nocturnal and is skilful in looking out for himself.

Program	Outputs/Outcomes	
The QLD Government Youth Suicide Prevention Strategy aims to prevent deliberate self-harming behaviour, particularly suicide, and to reduce the impact of youth suicide on individuals, families and communities.	The program has established community networks across the State to strengthen the capacity of families to respond to the needs of young people and to take ownership of suicide prevention. The key elements are: <ul style="list-style-type: none"> • employment of community network support workers; • training for specialised and generic health workers; and • funding for Indigenous projects. 	QLD
The Young People at Risk Program is designed to improve the mental health of young people aged 10–24 with a focus on preventing suicidal and self-harming behaviour. Strategies are aimed at whole populations and target groups.	Initiatives include practice guidelines for working with young people at risk of suicide or deliberate self-harm.	QLD

Program	Outputs/Outcomes	
To improve access to services for young people at risk of suicide , community-based mental health workers are working in collaboration with youth agencies including homeless shelters, youth health services and welfare agencies.	Funding is targeted towards building on existing programs in both the government and non-government sectors such as Child and Adolescent Mental Health Services, Child and Youth Health and Centacare .	SA
To reduce the risk of youth suicide, the Youth Counsellor Program is establishing a network of counsellors across the State for young people experiencing emotional problems.	Most positions are located in regional areas and half the positions are for Aboriginal youth. Additional positions for Aboriginal youth have been established through the Building Solid Families Program which is a joint State–Commonwealth agreement aiming to deliver a comprehensive information and support service for Aboriginal individuals, families and communities.	WA
The TAS Youth Suicide Prevention Gatekeeper Program , an educational program on youth suicide prevention, has been introduced.	To date, 150 representatives from education, nursing, justice and allied health have attended workshops.	TAS
A 24-hour youth suicide and prevention resource centre has been established in the ACT. The centre aims to provide professional education and training in suicide risk assessment and crisis intervention.	Target organisations have participated in the training calendar and ASIST courses, including organisations in adjoining NSW Area Health Services.	ACT
A suicide prevention training package for schools is planned.	Development of the package has begun in collaboration with ACT Department of Education and Community Services.	ACT
A support group for young people who deliberately self-harm has been established.	22 organisations working with young people who self-harm are meeting regularly for information sharing and joint development of strategies.	ACT

Awareness and education

Program	Outputs/Outcomes	
The NSW Health and Transcultural Mental Health Centre Suicide Prevention Initiative aimed to inform further suicide prevention initiatives for people from culturally diverse backgrounds.	The initiative has provided comprehensive research, highlighting the importance of improving information on suicide, enhancing community resilience, increasing awareness and recognition of at-risk situations, and reducing adverse consequences of suicide.	NSW
Suicide in NSW: We Need to Know More	The NSW Suicide Data Report including the most recent statistics on suicide in NSW has been compiled and information disseminated.	NSW
Getting it straight: Working with people at risk of suicide	A training video which addresses workers' attitudes to suicide will be used across the State.	NSW

Program	Outputs/Outcomes	
The Family Help Kit has been developed to help family members deal with common stressful situations, recognise early warning signs of mental health problems (including suicidal behaviour) and access help.	The Kit is available in 16 community languages and has been part of an SBS radio program and recorded on to audiotapes.	MSN
Circular 98/31 Policy Guidelines for NSW health staff and staff in private hospital facilities have been developed to inform the management of patients with possible suicidal behaviour.	Implementation of the policy has been accompanied by a comprehensive training program conducted in all Area Health Services. An evaluation component was included and a report is being developed.	MSN
Introduction to Clinical Aspects of Suicide Prevention for Young People: Training Manual	This youth training module has been developed to further support the implementation of Policy Circular 98/31, with specific reference to identifying and managing suicidal behaviour in young people.	MSN
Prevention Initiatives for Child and Adolescent Mental Health: NSW Resource Document	This document provides a conceptual basis for developing and implementing mental health promotion and prevention programs and initiatives, including suicide prevention, within a population health framework.	MSN

1.4 Diabetes

Diabetes to be prevented and treated by developing a national diabetes strategy to act as an expert guide for local initiatives

Integrated care

- The **Commonwealth Rural Chronic Disease Initiative** is currently being implemented throughout Australia to assist people in rural communities to prevent and better manage chronic diseases such as diabetes, asthma, heart disease, stroke, cancers and depression and to prevent and manage injury.
- A two-phased approach is being taken to the implementation of the initiative. The pilot phase commenced in early 2002, with funding of \$150,000 each over 18 months for 10 organisations chosen to develop and pilot local solutions to chronic disease and injury.
- In the second phase, up to 100 small communities will receive one-off funding to develop and implement chronic disease/injury prevention and management programs. This phase also includes the establishment of a Special Projects Funding Pool to provide grants to individuals and organisations to try out new and innovative chronic disease/injury prevention and management ideas.
- For further information see www.health.gov.au/pubhlth/chronic/rural.htm.

Program	Outputs/Outcomes	
National Health Priority Area — Diabetes mellitus See box on page 50.	Commonwealth funding is supporting two key components that underpin national diabetes policies and programs, with initiatives related to rural and remote areas: National Diabetes Strategy 2000–2004 <ul style="list-style-type: none"> Vision Impairment Prevention Program — increasing and improving access to eye screening; and DCA 2000 Project — improving access of Aboriginal communities to specific diabetes blood testing. National Integrated Diabetes Program Improving prevention, earlier diagnosis and management of people with diabetes through incentives for GPs, infrastructure support, engagement of consumers, and changes in practices of health professionals.	CW

- The **New South Wales Diabetes Network** was established in November 2000 with the aim of:
 - improving the health outcomes of people with diabetes in New South Wales;
 - providing NSW Health and Area Health Services with advice on the overall management of diabetes in New South Wales, in particular identifying priorities for action in the intermediate and longer term;
 - providing advice to NSW Health and Area Health Services on the implementation and evaluation of the effectiveness of diabetes care;
 - facilitating partnerships between clinical service providers and other diabetes stakeholders;
 - identifying opportunities to implement reforms to promote better health for people with diabetes; and
 - providing an avenue for coordinating diabetes initiatives and for sharing information regarding diabetes activities.
- A **Rural Diabetes Network** has been formed to focus specifically on diabetes issues in rural areas. The Network's inaugural meeting was held in September 2001.

Program	Outputs/Outcomes	
Primary Care Partnership Strategy	See box on page 136.	VIC
Regional Action for Diabetes Program	Development of a sustainable community-based model of practice incorporating the use of new information technologies. Improved professional practice in rural health and improved health outcomes for individuals with diabetes in rural and remote communities.	VIC
Diabetes Rural Speciality (Grampians Region)	A Diabetes Educator in the Wimmera area has been employed to link the Division of General Practice with health services, GPs and health education and promotion organisations.	VIC

Regional action for diabetes in Victoria

- The Grampians Regional Diabetes Working Group in Victoria was funded during 1999–2000 to develop the Regional Action for Diabetes Project. The primary aim of the project was to develop and deliver a curriculum relevant to practitioners in rural settings.
- Achievements to date include development and delivery of the curriculum and training of Division 1 nurses, personal care attendants and general practitioners. The curriculum has received national accreditation and interest has been shown in programs to be run in Ballarat.

Program	Outputs/Outcomes	
<p>QLD Health has produced a Health Outcomes Plan for Diabetes 2000–2004. This plan assists health service planners, managers and service providers to achieve health gain for those who develop or are at risk of developing diabetes. It assembles the evidence base for strategies across the continuum of care. The Northern Zone, with a significant Indigenous population, has developed implementation plans.</p>	<p>Specific initiatives include:</p> <ul style="list-style-type: none"> • Diabetes Mellitus in Adults — Standard Clinical Care Pathway 2000; • <i>Best Practice Guidelines for the Management of Type 2 Diabetes</i> (dietetic, education and podiatry); • the Northern Zone Diabetes Action Plan 2001, including initiatives to address diabetes in Aboriginal and Torres Strait Islander peoples; and • the Paediatric Diabetes Project which will identify high-risk populations, support self-management and develop knowledge in local health care providers. 	<p>QLD</p>
<p>A Strategic Plan for Diabetes in SA has been developed to address the increasing prevalence of diabetes.</p>	<p>The Strategic Plan is being implemented in country regions with obvious improvements to service delivery in many areas through integrated care programs and an increased interface between mainstream and Aboriginal health services.</p>	<p>SA</p>
<p>The Integrated Diabetes Care program aims to integrate services across the health sectors and specialties to enhance diabetes prevention and management. It is supported by the WA Diabetes Strategy 1999. The program has expanded from the four projects established in 1997–98 to almost state-wide coverage.</p>	<p>The Department of Health purchases different models for the implementation of the individual projects. These include either the Divisions of General Practice or the rural Centres of Public Health being the fund holder and manager for the implementation of the program.</p> <p>Currently the implementation of the four pilot projects is under evaluation, with an emphasis on sustainability. Evaluation results are expected to direct the evolution of diabetes services along the continuum of care in WA.</p>	<p>WA</p>

Program	Outputs/Outcomes	
<p>The Diabetes Program Plan promotes a 'hub and spoke' model of care. The program plan has been developed in consultation with the WA Diabetes Taskforce and service providers.</p> <p>A Diabetes Reference Group was established in September 2001 to provide advice and support in the implementation of the Diabetes program.</p>	<p>The Diabetes Reference Group has identified the following priority activities to be completed in 2002.</p> <ul style="list-style-type: none"> • development of clinical practice guidelines; • data collection and monitoring systems for evaluation of the program; • information/resource access for health service providers; • education/upskilling of health service providers; • consumer strategies addressing general public, at risk and people with diabetes; • regional coordinators toolkit; and • sustainability of regional diabetes services. 	WA
<p>Diabetes education for health professionals working in rural and remote areas is being developed in partnership with Diabetes Australia WA.</p>	<p>This involves the redevelopment, piloting and implementation of the newly developed National Association of Diabetes Centres course, <i>Diabetes Management in the General Care Setting</i>.</p>	WA
<p>A State Strategic Plan for Diabetes is being developed by the recently established TAS Ministerial Advisory Committee on Diabetes.</p>	<p>The Plan has been endorsed and implemented.</p>	TAS

Tasmanian rural patients with diabetes tap into technology

- Glenn Wickham has found it easier introducing some of his patients to telehealth technology than he has to grilled food and regular exercise. As a Clinical Nurse in Diabetes Education, one of his greatest challenges is to encourage patients to make healthy lifestyle changes and to stick with them. To do that Glenn has had to make a few changes himself as travelling distances between small centres erodes clinical time. He regularly uses videoconferencing, conducting awareness sessions with clients and health professionals on Tasmania's isolated West Coast and on King Island. Apart from the obvious cost, time and safety benefits, Glenn says both his diabetes clients and health care professionals are getting more of his time. He says most clients make the transition to video-conferencing without a hitch and, despite some initial 'stiffness', they now see it as an increase in services to their isolated communities.

Program	Outputs/Outcomes	
Preventable Chronic Disease Strategy	See Goal 1.5.	NT

Program	Outputs/Outcomes	
The ACT Diabetes Council, established in January 1999, continues to oversee the implementation of the ACT Integrated Model of Diabetes Care and advise the Department of Health and Community Care on new and emerging issues for diabetes care. The integrated model is built on the National Diabetes Strategy, released in 1998.	The four key program areas supported in the management framework are: <ul style="list-style-type: none"> • diabetes health promotion and community awareness; • primary care — services to monitor people at risk and assist people diagnosed with diabetes manage their diabetes; • tertiary care — specialist services for comprehensive complications screening, prevention and management, acute care, pregnant women, adolescents and children; and • population health outcomes and effectiveness monitoring. 	ACT
Diabetes care and support services are provided by the ACT to southern and south-eastern rural NSW.		ACT

Complications of diabetes

Program	Outputs/Outcomes	
The NSW Visual Impairment Prevention Project involves the development of a NSW Strategy for eye health for people with diabetes. It is a three-year project which commenced in 1999 with the aim of reducing the incidence of preventable blindness and eye disease in people with diabetes.	This is a Commonwealth-funded state-wide project. To date an initial framework has been developed for the NSW strategy and an assessment of current available eye health services, including retinopathy screening services, has been undertaken. <i>Draft Guidelines For Accreditation And Training Of Health Professionals In Diabetic Retinopathy Screening In New South Wales</i> have been developed.	NSW
The Telemedicine Diabetic Foot Project	See case study under goal 7.4.	NSW
The Diabetic Retinopathy Screening Program supports local service networks in increasing screening uptake.	Three rural/regional agencies have been funded.	VIC
Visual Impairment Prevention Program	See under Goal 2.1.	SA
Two Visual Impairment Pilot Projects have been funded to improve the early detection of diabetic retinopathy through the use of a portable non-mydratic camera that can be operated by trained Aboriginal health workers.	One project has been undertaken at the Derbarl Yerrigan Aboriginal Health Service in Perth and the other in Port Hedland at the Wirraka Maya Health Service. Early results have been encouraging.	WA

1.5 Heart and stroke and vascular disease

Heart and stroke and vascular disease to have a reduced impact on rural, regional and remote Australians through the endorsement and implementation of national prevention and intervention strategies

Prevention

Program	Outputs/Outcomes	
Quit Programs in secondary schools (Barwon South Western Region) are delivered by secondary school nurses to encourage youth not to smoke.		VIC
The Rural Health Promotion Development Program aims to address specific health issues such as cardiovascular disease.	Two projects have been used to establish three Community Health Action Groups to identify and develop health promotion activities.	VIC
The Expanded Health Promotion Programs provide additional resources to community health services in rural areas to undertake locally responsive health promotion activities.		VIC
Health Promotion SA is committed to illness prevention and health promotion. It is responsible for key areas of action such as tobacco control (through legislative change, introduction of smoke-free areas, funding of Quit and prevention strategies). Health Promotion SA also works with sport, recreation and arts organisations to develop health promotion strategies which cover country regions in the following areas: <ul style="list-style-type: none"> • Smoke Free; • Alcohol Go Easy; and • Healthy food choices (Smart Choice). 	Physical activity, good nutrition, Indigenous health, mental health, older people, gambling and health promoting schools are all key areas for action for Health Promotion SA. There is a developing infrastructure in all country regions to support a primary health care approach with an emphasis on health promotion, prevention and early intervention. In some areas health services are reorienting their role from the provision of acute services to that of health promotion.	SA
The Department of Health has developed a Strategic Plan for the Primary Prevention of Type 2 Diabetes and Cardiovascular Disease in Western Australia . The strategy proposes a range of strategies and actions, from prevention to specialised care.		WA
The NT Food and Nutrition Policy aims to improve nutritional status and health of all Territorians and to reduce the burden of diet-related early death and illness.	Outcomes focus on maternal and child health, food supply in remote communities and development of partnerships with communities.	NT

Integrated care

Program	Outputs/Outcomes	
Rural Chronic Disease initiative	See box on page 44.	CW

- The **National Health Priority Areas (NHPAs)** initiative is Australia's response to the World Health Organization's global strategy *Health for All by the Year 2000* and its revised strategy *Health for All in the 21st Century*. It is a collaborative effort, strongly focussed on cooperation between the Commonwealth, State and Territory Governments, and drawing on relevant expertise in the non-government sector.
- The diseases and conditions targeted through the NHPA process were chosen because they are areas of high health burden and offer the potential to achieve significant health gain for the Australian population: cancer control, mental health, injury prevention and control, cardiovascular health (heart, stroke and vascular disease), diabetes mellitus and asthma. Reports on the first five NHPAs have been published and are available at www.health.gov.au/hsdd/nhpq/3rdnhpa.htm.

- **Priority Health Care Programs** have been established in **New South Wales** to facilitate implementation of new models of care for chronic and complex medical conditions. The programs address the priority areas of cardiovascular disease and its risk factors, respiratory disease and cancer. They aim to improve quality of life for people with these conditions, their families and carers; and to prevent crisis situations and urgent admissions to hospital.
- To support implementation of the Programs, the following groups have been established:
 - Clinical Expert Reference Groups, which will oversee and monitor implementation;
 - Special Interest Groups in each priority area, which are currently working towards developing clinical service frameworks; and
 - the Chronic and Complex Care Implementation and Coordination Group, which will oversee implementation of the Programs and coordinate a state-wide approach.
- The NSW Government allocated \$45 million in 1999 to implement the Programs. A total of 60 programs were approved across the State in the three priority areas. These included 25 programs in the area of cardiovascular disease, 18 programs covering respiratory disease, 13 programs in the area of cancer, and 4 generic service models.

Program	Outputs/Outcomes	
<p>The Aboriginal Vascular Health Program aims to address the priority health areas of the NSW Aboriginal Health Strategic Plan that relate to diseases of the circulatory system and diabetes.</p> <p>Links with State and national initiatives / stakeholders and partnerships with relevant non-government organisations have been established. All projects are developed through partnerships with Aboriginal Community Controlled Health Services. Collaboration with both the University of Wollongong and the Hunter Centre for Health Advancement has also occurred in several projects.</p>	<p>A total of \$1.4m has been allocated, with approximately \$840,000 allocated to rural/regional demonstration projects. Achievements to date include:</p> <ul style="list-style-type: none"> • nine demonstration projects, of which seven are in rural areas; • <i>Aboriginal Vascular Health Catalogue</i>; • the NSW Aboriginal Vascular Health Network; • draft Aboriginal vascular health indicators; and • review of cardiovascular projects for the NSW Chronic and Complex Care Program. 	NSW
<p>Primary Care Partnership Strategy</p>	<p>See box on page 136.</p>	VIC
<p>The Stroke Practice Models Project reflects a greater recognition of the increased incidence of stroke in rural communities.</p>	<p>A regional stroke strategy has been developed.</p>	VIC

Program	Outputs/Outcomes	QLD
<p>The Coronary Heart Disease Health Outcomes Plan aims to reduce the incidence and impact of this major chronic disease.</p>	<p>The significant current initiative in this area is the Quality Medical Processes Program which is supporting:</p> <ul style="list-style-type: none"> • evidence-based practice; • clinically relevant information collection in routine clinical practice; • timely access to clinical information; • evaluation of new information technologies; and • a cost-effective model for the delivery of phase ii cardiac rehabilitation. <p>QLD Health has produced <i>Best Practice Guidelines for Outpatient Cardiac Rehabilitation</i>.</p>	QLD
<p>A Stroke Health Outcomes Plan is in final drafting stage.</p>	<p>Planned initiatives include:</p> <ul style="list-style-type: none"> • the Stroke Services project which will introduce a networked approach to the management of stroke services; and • integration of a QLD rural hospital (with telehealth infrastructure) and the Stroke Unit of the Royal Brisbane Hospital, as part of the National Stroke Unit Program. 	QLD
<p>A Stroke Reference Group has been convened to provide advice on stroke care across acute care, rehabilitation and community-based services in the implementation of the Stroke Program.</p>	<p>The Group has identified the following priority activities to be progressed in 2002:</p> <ul style="list-style-type: none"> • current and future demand and need for the provision of stroke services; • priority areas for investment; • consistency in best practice in the acute phase of stroke; and • coordination of community-based services for stroke. 	WA
<p>The Preventable Chronic Diseases Strategy has been established to collectively address five chronic diseases (type 2 diabetes, hypertension, heart disease, kidney disease and chronic airways disease) which are important to the whole NT population and related to each other through their underlying causes.</p>	<p>Key result areas of the Strategy include:</p> <ul style="list-style-type: none"> • improving maternal health and infant birthweight; • promotion of child growth; • acknowledging determinants of health including maternal and childhood education, poverty, sense of control and emotional well-being; • lifestyle modification targeting smoking and hazardous alcohol use, nutrition, weight-loss and physical activity; • early detection and early treatment; • best-practice management; and • rehabilitation and outreach programs. 	NT

Program	Outputs/Outcomes	
The Chronic Diseases Network is a Health and Community Services initiative established in 1997 to link stakeholders and promote communication, coordination, collaboration and collective memory in the area of common chronic diseases affecting the NT population across the continuum of care.	The Chronic Diseases Network now has over 450 members from 77 Government and non-government organisations from the NT, interstate and overseas. See case study below.	NT

Advancing the Preventable Chronic Diseases Strategy in the Northern Territory

- The Northern Territory Chronic Diseases Network has been extremely useful in advancing the Preventable Chronic Diseases Strategy and in bringing together people from inside and outside government who have an interest in this vital area.
- The 2001 Chronic Diseases Network workshop, *Chronic Disease Programs — Making Work or Making it Work*, attracted over 120 participants and highlighted the issues of sustainable processes and systems to support chronic diseases programs. The presentations prompted discussion about issues such as funding, effective cross cultural communication, increasing people's skills and overall capacity, and recruitment of Aboriginal health workers in the Northern Territory.
- The 2002 workshop, *Chronic Disease Beyond the Health Sector — Life Chances/Life Choices*, will examine the structural determinants of health and highlight the importance of intersectoral collaboration. Topics will range from social determinants of health, the *Learning Lessons* report and links between housing and health to physical activity, collaboration in addressing chronic diseases and disadvantage and ill health.
- For information on the Network and the workshop email chronicdiseasesnetwork@nt.gov.au.

Program	Outputs/Outcomes	
The Department is a member of the National Cardiovascular Health and Stroke Strategies Group , a working group of the National Health Priority Action Council.	Involvement with the working group will provide an opportunity to focus local policy and service development initiatives.	ACT

Rehabilitation

Program	Outputs/Outcomes	
The Department of Health has recently funded two pilot cardiac rehabilitation and secondary prevention projects in rural areas to trial new models of cardiac rehabilitation that are GP-led, and are based in the community or home in an attempt to foster long-term lifestyle changes.	In addition to providing an alternative to hospital-based services, these projects should increase the integration between the hospital and GP-led services for the overall benefit of the patient.	W/A
The ACT Department of Health and Community Care is currently undertaking a review of the provision of rehabilitation services in the ACT .	The Review will consider the possibility of a dedicated stroke unit which would provide links with the Southern Area Health Service in NSW.	ACT

Education and training

Program	Outputs/Outcomes	
Key to Survival Strategy (Barwon South Western Region) provides limited training in cardiopulmonary resuscitation and quick response to cardiac arrest.		VIC
Healthy Heart Program (Barwon South Western Region) develops referral pathways for the South West area.	An assessment tool and the Heart Smart Kit have been developed.	VIC
Loddon Mallee Stroke Project	A CD with clinical pathways decision trees for each stage of treatment and links to best-practice evidence has been developed.	VIC

Monitoring

Program	Outputs/Outcomes	
Stroke is recognised as a priority area and stroke activity is monitored on a program basis.	This enables all stroke activity to be identified and recorded separately which allows critical analysis of the provision of stroke services.	W/A

1.6 Injury prevention and control

Injury prevention and control to be advanced by building on the existing strategies which focus on the special circumstances of injury in rural, regional and remote Australia

Program	Outputs/Outcomes	
National Health Priority Area — Injury prevention and control See box on page 50.	Commonwealth work is continuing in the areas of: <ul style="list-style-type: none"> • support to the Strategic Injury Prevention Partnership; • injury prevention in Indigenous communities; • workforce development; • child safety; • near drowning and drowning prevention; • poisoning prevention among children; and • research and surveillance. 	CW
The Coordinated and Responsive Trauma System project aims to increase the proportion of trauma patients who receive definitive treatment at a major trauma service.	See Goal 1.5	VIC

Program	Outputs/Outcomes	
The Health Outcomes Plan for Injury Prevention and Control identifies rural communities and Aboriginal and Torres Strait Islander communities as being at higher risk of injury.	Initiatives include: <ul style="list-style-type: none"> the NHMRC Injury Partnership QLD Trauma Registry, a database on patients admitted with serious injuries; falls prevention, poisoning, drowning and Indigenous injury projects; the Falls Prevention project in public hospitals and residential aged care facilities; and the Pre Hospital Trauma Life Support course. 	QLD
Health Promotion SA	See Goal 1.5	SA
WA has agreed to work on areas highlighted in the National Injury Prevention Plan such as falls in children and seniors, drowning and poisoning.	This plan is in effect until 2003.	WA
The Department of Health and Community Services is conducting a review of injury prevention and control initiatives in the NT . The review is also assessing the local relevance of the National Injury Prevention Plan Priorities for 2001–2003, and identifying potential gaps in the current program.	The review aims to assess the appropriateness of the current policy response and is due for completion in 2002.	NT
Priority areas in child safety being targeted by non-government organisations such as Kidsafe and Royal Life Saving Society include drowning and near drowning, falls in children and poisoning among children.		NT

Safety on farms

Program	Outputs/Outcomes	
The Child Safety on Farms program aims to reduce the incidence of injury and death of children aged 0–14 on farms.	The Commonwealth has provided \$887,000 over three years.	CW
The Safety on Farms management training package has been developed for use by trained health promotion workers in local farming communities.	Most rural areas have had at least one Health Promotion Officer trained to run this program locally, in conjunction with local Farmsafe Australia Committees and the Centre for Agricultural Health and Safety.	NSW
Evaluation of the NSW Rural Hearing Conservation Program will assess the effect of an intervention designed to increase the use of personal hearing protection by farmers. The Program involves collaboration with the Australian Centre for Agricultural Health and Safety and the Department of Rural Health at the University of Melbourne.		NSW

Program	Outputs/Outcomes	
The Play it Safe on the Farm Project promotes community awareness and educates 9–11 year olds about ways to stay safe on farms.		VIC
The Kidsafe Farms Program is addressing tractor, drowning and poison issues which account for more than 90% of child deaths aged under five years.		VIC
The Review of Farmsafe Victoria Project Activities will make recommendations on strategic directions for Farmsafe Victoria 2001–2003.		VIC
The Safe Access to Tractors (Gippsland Region) aims to increase safe use of tractors in a predominantly farming area.	The Program has developed a special platform that can be welded onto tractors to allow safe access.	VIC

Falls prevention

- The **National Falls Prevention for Older People Program** is part of the **Commonwealth Enhanced Primary Care** package established to improve health outcomes and quality of life for older Australians.
- The goal of the initiative is to reduce the incidence, morbidity and mortality associated with falls in people aged 65 and over living in the community and residential aged care facilities as well as those attended to in acute care facilities.
- Key achievements to date include:
 - consultation and communication through two national forums, newsletters, distribution of publications and a website (www.health.gov.au/pubhlth/strateg/injury/falls/index.htm);
 - support of research projects including identification of existing research on best practice, gaps, and information needs of older people;
 - funding of \$1m to NHMRC Injury Partnership Grant on falls-related activities;
 - a stocktake report of current falls prevention practice and activities; and
 - establishment of community demonstration projects to model best practice over two years.

Program	Outputs/Outcomes	
A process has been initiated for developing a state-wide Falls Injury Prevention Policy . The policy will focus on community settings, acute care settings and supported care environments. It will consider strategies to reduce the incidence and severity of falls among people living independently in community settings.	The policy will set objectives and performance measures for the next five years and specify areas where new investment is required.	NSW
The Rural Fall Injury Prevention Initiative aims to develop the infrastructure needed to support greater participation by older people in gentle exercise programs to prevent fall injury.	A communication strategy will be developed for use across rural NSW in conjunction with other strategies.	NSW

Program	Outputs/Outcomes	
<p>The issue of preventing falls among older people is being addressed through:</p> <ul style="list-style-type: none"> • Foot Hold on Safety 1999–2003; • Falls Prevention: Residential Aged Facility 1999–2003; • Falls Prevention: Extended Care Centres 1999–2003; and • Falls Prevention: Acute Hospital 2001–2002. 		VIC

Interpersonal violence

Program	Outputs/Outcomes	
<p>Under the Domestic Violence Routine Screening Project, a six-month pilot of procedures to routinely screen whether female patients of emergency, antenatal, drug and alcohol and mental health services had experienced domestic violence has been conducted. The evaluation report: <i>Unless They're Asked</i> (2001) indicates that identification of domestic violence has been improved by screening and that the simple screening tool is effective.</p>	<p>All Areas have been invited to consider implementing routine screening for domestic violence in mental health, drug and alcohol, antenatal and early childhood health. To assist in this process, an implementation package and a comprehensive Intranet site have been developed. Training and support are also available.</p> <p>The <i>Domestic Violence Policy</i> is planned for finalisation in May 2002. It is proposed that this policy will mandate the introduction of routine screening for domestic violence, for implementation over a three-year period.</p>	NSW
<p>The Anti Bullying Project (Barwon South Western Region) is delivered in selected secondary schools to enable teachers to devise strategies to overcome bullying.</p>		VIC
<p>The Domestic Violence Initiative introduces an effective method of screening in antenatal clinics to identify people who have experienced domestic violence.</p>	<p>The program seeks to incorporate screening for domestic violence into routine history-taking. It conducts training programs (including train the trainer programs) across the State to foster use of a screening tool.</p>	QLD
<p>The Sexual Assault Initiative prepares professionals working in the health care setting to respond to adult victims of sexual assault.</p>	<p>QLD Health led the development of <i>Inter-agency Guidelines for Responding to Adult Victims of Sexual Assault</i>.</p>	QLD

Road safety

Program	Outputs/Outcomes	
<p>Safe Driving (Barwon South Western Region) is a communication strategy about safe driving in conjunction with the Road Safety Council.</p>		VIC

Program	Outputs/Outcomes	
The Department of Health has strengthened its capacity to deliver road safety through increased involvement with regional public health units. This is a joint project with the Office of Road Safety.	The project will focus on facilitating delivery of strategies identified in the Road Safety Strategy for WA Action Plan 2001–2002 and the Road Safety Directions for Regional WA Strategies , which require Department of Health involvement.	WA
The TAS Road Safety Strategy 2001–2005 has been developed following extensive community consultation.	Will coordinate strategies aimed at reducing road trauma.	TAS

Aboriginal and Torres Strait Islander peoples

Program	Outputs/Outcomes	
The Aboriginal Injury Surveillance Project aims to describe the injury patterns and subsequent risk factors among Aboriginal people residing within various coastal regions of NSW. It also attempts to determine the usefulness of this data to local Aboriginal decision-making structures and, in consultation with Aboriginal communities and community representatives, identify opportunities in which communities could use this data to plan injury prevention strategies and/or local initiatives.		NSW
The Koori Injury Prevention Grant Scheme (Loddon Mallee Region) raises awareness about unintentional injuries occurring in communities.		VIC
The Koori injury prevention program (Hume Region) aims to decrease sporting injuries among the Koori population.		VIC

Education and awareness

Program	Outputs/Outcomes	
Education programs for schools and sporting organisations include the Injury Prevention Project (Gippsland Region): Safe Use of Gym Equipment By Children ; and the Road Traffic Injury Prevention in Young Persons Project .		VIC
The Department of Health funds the Royal Lifesaving Association to run awareness raising activities in both rural and metropolitan areas.	Awareness raising activities relate to resuscitation, supervision, appropriate barriers and water skills for children.	WA
In 2000 the Department of Health ran an awareness raising campaign in rural and metropolitan areas to advise seniors to get their medicines checked and to speak to their doctor about physical activity.	Regional grants have been distributed to deliver resources and enhance community networks.	WA

Service planning

Program	Outputs/Outcomes	
Several regions throughout WA have been collecting alcohol and injury information from emergency departments to assist planning of services.	Reports from selected rural sites have been completed that have informed local injury prevention and alcohol accord initiatives.	WA

1.7 Child and youth health

Child and youth health to be improved by building on initiatives to reduce child abuse and neglect, and increase access to support, diagnostic and specialist services

Program	Outputs/Outcomes	
Medical Specialist Outreach Assistance Program See box on page 206.	Paediatrics has been identified as a priority, and paediatric services have been approved for funding in NSW, Vic, QLD and WA.	CW

Putting families first in New South Wales

- Families First is a coordinated strategy aiming to help families raise healthy well-adjusted children with a focus on families with children under eight years of age. The Strategy will link early intervention and prevention services and community development programs to form a comprehensive service network that reflects the differing needs of each area.
- Implementation of the Strategy is the combined responsibility of Area Health Services, NSW Health, Department of Community Services, Department of Ageing, Disability and Home Care, Department of Education and Training, Department of Housing, and non-government agencies funded by the Government to support families. The Office of Children and Young People in the Cabinet Office is coordinating the implementation. The Strategy commenced in four Area Health Services in 2002 and will be implemented in all Area Health Services by 2003.
- In each implementation area, government agencies are jointly planning and implementing new and improved services, for example:
 - commencement of specialist antenatal services, primarily for young mothers and Aboriginal mothers;
 - changing the practices of child and family health nurses from providing clinic-based services to home visits;
 - establishment of volunteer home-visiting services;
 - introduction of supported playgroups and family workers;
 - community projects that strengthen links between families and their communities, including expanding the number of Schools as Community Centres; and
 - expanding transition-to-school programs to assist children starting kindergarten.

Program	Outputs/Outcomes	
<p>The Youth Friendly Community Health Centres project aims to make health services more appropriate for, and accessible to young people. Under the project, community health centres will provide holistic services to youth in a number of ways including multidisciplinary health teams, individual consultations, group outreach, and/or mobile services. Activities will cover areas such as sexual health, conflict resolution, nutrition, mental health, relationships, drug and alcohol issues. Counselling and support services will also be provided.</p>	<p>In January 2001, NSW Health allocated funding to enable the Centre for the Advancement of Adolescent Health to undertake a systematic research project which collects data from stratified groups of young people, GPs, community health centres and dedicated youth health services. In addition, the information obtained from phases one and two of the project will be developed into an intervention strategy.</p>	NSW
<p>The Early Childhood Intervention Coordination Program aims to facilitate planning, delivery and coordination of early intervention services to families who have a child with a disability or developmental delay. The Program involves partnerships between the health, education and disability service sectors working together with families. The Department of Ageing, Disability and Home Care is the lead agency</p>	<p>The Program is jointly funded by NSW Health, the Department of Ageing, Disability and Home Care and the Department of Education and Training with over \$1m allocated over 1998–2001. Resources developed under the Program have included a procedures manual, a training package and an information line providing the location of services across NSW.</p>	NSW
<p>The Schools as Community Centres Program is a joint program of the Departments of Education and Training, Housing, Health and the Department of Community Services. The Department of Education and Training is the lead agency for the program and administers funding. The Program aims to prevent disadvantage for children entering school by providing integrated services for families in disadvantaged communities. It works with families with children under eight years to support them in their parenting role, actively promotes community involvement in the provision of services for children, and encourages and assists parents to access existing mainstream services in the community.</p>	<p>The Program operates from local public primary schools in 16 sites. There are six programs located in rural areas. This program is being further expanded through the Families First framework (see box on preceding page).</p>	NSW
<p>Funding has been allocated to expand Early Childhood Health Centres to offer more services and flexibility of care.</p>	<p>\$1m recurrent funding has been provided to 50 Centres located across all Area Health Services.</p>	NSW
<p>Best Start</p>	<p>Development of a comprehensive Child Health and Development Policy Framework.</p>	VIC
<p>The Victorian Secondary School Nursing Program aims to provide primary health care and, with other health providers, assessment and appropriate referral.</p>	<p>98 nurses are now employed with a target of 100.</p>	VIC

- Queensland Health is finalising a **Strategic Policy Framework for Children’s and Young People’s Health 2002–2007** to guide the reorientation and enhancement of health services for children and young people over the next decade. The Framework aims for:
 - evidence-based action on the health and developmental issues of children and young people through a focus on the socio-environmental determinants of health;
 - promoting a health development approach;
 - investing early in children’s and young people’s health;
 - strengthening partnerships; and
 - delivering a continuum of care.
- The Framework also provides the platform for a series of supplementary policy statements and guidelines in development which include: Optimal Infant Nutrition including Breastfeeding and the Introduction of Solids; Indigenous Children’s and Young People’s Health; Abuse and Neglect of Children and Young People; and Promoting Health with Schools.

Program	Outputs/Outcomes	
<p>The Early Intervention and Parenting Support Initiative has a number of components:</p> <ul style="list-style-type: none"> • Triple P Positive Parenting Program; • Young Parents Support Program; • Indigenous Parenting Initiative; • Parenting Survey; and • Future Parents Program. 	<p>The Initiative has been funded by QLD Health since 1998.</p> <p>The Triple P Positive Parenting Program is now being offered state-wide, including in rural and remote communities.</p>	QLD
<p>The School-based Youth Health Nurse Program is a primary health care program with a preventative focus. It deploys registered nurses to provide services in State schools with secondary students.</p>	<p>There are 119 nurses in 240 schools throughout QLD who provide information, advice, support, and referral to other services for students, their families and the school community. The school nurses also guide and support schools with health promotion activities.</p>	QLD
<p>Expanded Child Health Centres are being developed in 18 locations across 10 Health Service Districts.</p>	<p>Districts will improve levels of service integration and clinical partnerships in obstetric and paediatric health care.</p>	QLD
<p>Additional funding for early childhood intervention services is being provided to regional SA.</p>	<p>Under the Hepatitis B School Program, all Year 8 students in SA have been offered immunisation. A health education package will be provided to schools as part of the new immunisation program.</p> <p>The State government funds Eat Well SA to help promote healthy living. As part of the latest campaign a book of healthy recipes aimed at primary school children has been released. Resource kits for community and school groups will support the campaign.</p>	SA

Program	Outputs/Outcomes	
The New Vision for Community Health Services Policy May 2000 was endorsed by the Department of Health in December 2000. Key program areas identified in the child and youth developmental age groups address issues such as injury, nutrition, infection, parent support, child development, child and adolescent behaviours, illness and healthy lifestyles.	Community health services are encouraged to focus attention on evidence-based early intervention and preventative strategies, while ensuring a comprehensive range of quality services are delivered. Implementation of the policy and expansion and introduction of evidence-based programs (particularly in the 0–2 years age group) commenced in 2001.	WA
The NT Child and Youth Health Policy and Child and Youth Health Strategy is currently under development.	The Department of Health and Community Services is finalising the draft Policy. Upon endorsement of the Policy, work will commence producing a strategy to achieve coordinated action on the areas identified in the policy framework.	NT
NT Suicide Prevention / Life Promotion Program	See Goal 1.3	NT
A review of Early Childhood Intervention Services has been undertaken and will be completed during 2002.	Expected outcomes of the review include an Early Childhood Intervention Policy for the NT , best practice principles, and an implementation phase which is expected to be completed by mid 2002.	NT
The NT Government has committed to increase regional Health Care Teams by 25 personnel, with specialist skills in child health to visit remote area clinics and to provide relief staffing arrangements in communities when required.	This initiative will significantly enhance child health promotion activities and enable more effective investigation and management of children with health problems and disabilities.	NT
The Growth Assessment and Action Program aims to improve the growth of children aged 0–5 years in remote communities through: <ul style="list-style-type: none"> • growth monitoring of individual children; • growth promotion or initiation of action to promote growth; and • growth surveillance. 	The program has become well established in at least 70 remote communities.	NT

- The **Child, Youth and Women's Health Program** run by **Australian Capital Territory Community Care** provides the following services:
 - early identification, parenting education and support;
 - intensive postnatal family support;
 - vision and hearing screening;
 - therapies and counselling;
 - postnatal parenting information service;
 - tertiary postnatal services;
 - specialist clinics;
 - health promotion;
 - hospital-based allied health services for children and youth; and
 - nutrition and food skills for young people.

Nutrition

Program	Outputs/Outcomes	
<p>The National Child Nutrition Program aims to improve the nutrition and long-term eating patterns of children aged 0–12 years and of pregnant women.</p> <p>The projects target high need communities including over \$4.6m for projects specifically targeting Aboriginal and Torres Strait Islander communities. A number of these projects are supporting the National Indigenous English Literacy and Numeracy Strategy 2000–2004 and will operate in close cooperation with schools. The program targets community-based projects which aim to improve: nutrition-related knowledge and skills of children and their parents; the capacity of communities to promote better nutritional health; and access to and availability of nutritious foods.</p>	<p>This \$15m program is funding 116 community grants for up to three years. Summary project reports will be made available on completion of the funding period.</p>	CW
<p>The Folate Initiative aims to develop a sustainable and integrated women's health and folate message via professional development strategies and the management of coordinated information forums and through website development.</p>		VIC
<p>The Breastfeeding Initiative aims to increase breastfeeding rates among women from low socioeconomic backgrounds.</p>		VIC
<p>The National Child Nutrition Program has funded five projects in TAS to date which are assisting with the implementation of the <i>Australian Dietary Guidelines for Children and Adolescents</i>.</p>	<p>The program aims to reduce the incidence of nutrition-related health problems among children.</p>	TAS

Child protection

Program	Outputs/Outcomes	
<p>In response to changes to the Children and Young Persons (Care and Protection) Act 1998, NSW Health has implemented a number of key strategies and support tools to assist NSW Health workers to understand their new responsibilities under the legislation.</p>	<p>Initiatives include:</p> <ul style="list-style-type: none"> • distribution of resources outlining the main changes to the Act and development of a child protection intranet site; • training of specialist child protection staff and frontline managers in the implications of the Act; and • revision of the <i>NSW Interagency Guidelines for Child Protection Intervention, 2000 Edition</i> in collaboration with the Commission for Children and Young People. 	NSW

Program	Outputs/Outcomes	
NSW Health is in the process of developing a Child Protection Service Plan which will provide a clear direction as to how health services may focus both on enhancing the health and well-being of children, young people and their families and carers, and reducing the health impact of abuse and neglect.	Final Plan expected in June 2002.	NSW
The Maternal and Child Health Enhanced Home Visit Service provides assistance for parents experiencing significant early parenting difficulties.		VIC
Child Protection High Risk Adolescents Service Quality Improvement Initiative	Project evaluation has been completed and indicates that the Project contributed to the reduction of risk-taking behaviour.	VIC
Regional Parenting Services (Barwon South Western Region) assist in maintaining family situations for child abuse cases.		VIC
Family Intervention Service (Barwon South Western Region)		VIC
Maternal Child Health Enhanced Home Visiting Service (Barwon South Western Region) provides services to vulnerable families in their homes.		VIC
Parenting Assessment and Skill Development Service (Barwon South Western Region) provides early intervention to infants and parents whose referrals come through Child Protection.		VIC
Enhanced Family Support 2000–2001 (Gippsland Region) projects encourage a reduction in hospital admissions through in-home support and family counselling.	Families with children at risk received services. Links were created with other services.	VIC
Ante-Natal Risk Assessment Pilot Project funded through the Maternity Enhancement Project (Hume Region) aims to identify psychological and social at-risk clients.		VIC
The Child Protection High Risk Adolescents Service Quality Improvement Initiative strengthens the capacity of the Child Protection Service to respond to the intensive service needs of high-risk young people.		VIC
The Men's Shed Health and Grapple Men's Health (Gippsland Region) projects provide assistance for male perpetrators of violence and sexual abuse.		VIC

Program	Outputs/Outcomes	
The Early Intervention for Safe and Healthy Families Initiative provides home-based early intervention during the first year of a newborn's life for families exposed to violence and other key risk factors (eg maternal depression/mood disorder, financial stress).	The Initiative integrates the Family CARE Home Visiting Program with QLD Health's Domestic Violence Initiative and is offered in seven Health Service Districts.	QLD
QLD Health is involved with a network of 30 Suspected Child Abuse and Neglect teams across the State. These are multidisciplinary teams of staff from the Department of Families, QLD Police Service and QLD Health.		QLD
QLD Health has also established a state-wide Child Advocacy Service to address child abuse and neglect through expanding child protection services, increasing strategies to prevent child abuse and improving linkages across health services.		QLD
The Department of Health is currently undertaking a review of child maltreatment resources and strategies .		WA
Child and Community Health is also involved in the review of Child Abuse Guidelines and strategies and the development of new models of service delivery.		WA

Awareness and education

Program	Outputs/Outcomes	
School nursing program in secondary/primary schools (Hume Region) aims to improve health outcomes through education and support to secondary students.		VIC
Castlemaine Health Access Project (Loddon Mallee Region) provides a range of health information to adolescents.		VIC
The Rural Regional Women's Health and Well-Being Plans identified the need for peer education for young women in country SA.	The Department of Human Services funded a peer education program, Women's Rural Access Project and Training which targets young women aged 15–25 years.	SA

Equity and access

Program	Outputs/Outcomes	
The Innovative Health Services for Homeless Youth Program is a jointly funded project between the Commonwealth and NSW Health to provide for the health needs of homeless and at-risk young people.	This commenced in 2000–2001 with \$1.5m being provided annually.	NSW
Victoria has contributed to the National Indigenous Child Safety and Family Well-Being Working Party Paper .	The Paper provides recommendations for flexible guidelines and clear directions for government to respond to Indigenous Child Safety and Family Well-Being.	VIC
The Health Services for Homeless Koori Youth Project in the Hume Region aims to improve access to primary health services.		VIC
Working Together Strategy aims to improve cross-program communication and collaboration and provide enhanced service outcomes for complex, high-risk young people.	Development of: <ul style="list-style-type: none"> • information and training programs; • regional action plans; • a new service model for high risk adolescents; and • a number of innovative service models. 	VIC
Autism Assessment Service (Loddon Mallee Region)	Families can now access assessment services within the Region — prior to this, all assessments were conducted in Melbourne. There has been collaboration between many agencies to deliver localised services.	VIC
The Youth Housing Strategy 2001–2003 is being prepared by Housing Tasmania in consultation with stakeholder groups. The Strategy addresses youth homelessness and support needs for young people in general.	Early identification of at-risk individuals and improved intervention strategies to reduce incidence of youth homelessness.	TAS
The Innovative Health Services for Homeless Youth Program is funding the TAS Youth Health Fund . This allows disadvantaged young people access to generic health services at all levels, including dental, optical and pharmaceutical.	Improved health status of young people, particularly those disadvantaged in accessing services.	TAS

1.8 Older people

Older people to have their needs addressed through the implementation of the Healthy Ageing Strategy

Program	Outputs/Outcomes	
<p>The Commonwealth, State and Territory Strategy on Healthy Ageing (March 2000) is a framework to address issues affecting older Australians in the areas of community attitudes, health and well-being, work and community participation, sustainable resourcing, inclusive communities, appropriate care and support, and research and information. Commonwealth, States and Territories collaborate on agreed priority areas.</p> <p>The Healthy Ageing Task Force includes representation from all jurisdictions and is responsible for development, implementation and review of the Strategy.</p>	<p>Progress to date has primarily been by way of information sharing between jurisdictions.</p> <p>The Task Force facilitates and promotes the development of products and services through the Seniors Card scheme to encourage older people to stay active and maintain a positive outlook on life through travel and tourism. This has included a consultancy to provide a cost-benefit analysis regarding reciprocal transport concessions.</p>	CW
<p>The National Strategy for an Ageing Australia provides a framework for addressing issues associated with Australia's population ageing including healthy ageing; independence and self-provision; mature age employment; world-class care; and attitude, lifestyle and community support.</p>	<p>The Strategy was released in February 2002. It aims to engage the community in developing specific initiatives to address issues affecting older Australians through a series of community discussions. These commenced in Victoria in late March 2002 and will be held in each State and Territory, including regional areas.</p> <p>Papers relating to the Strategy are available on the Office for Older Australians' website www.olderaustralians.gov.au.</p>	CW
<p>The National Falls Prevention for Older People Program</p>	<p>See box on page 55.</p>	CW
<p>The NSW Healthy Ageing Framework 1998–2003 is aimed at improving service provision to meet the needs of older people and to facilitate the continued involvement of older people in their communities.</p> <p>The Framework has been developed by the Department of Ageing, Disability and Home Care. In the 2000–2001 Healthy Ageing Action Plan, NSW Health is responsible for 47 actions arising from implementation of the framework.</p>	<p>Major achievements under the Framework include:</p> <ul style="list-style-type: none"> • completion of the Older Peoples Health Survey 1999; • improved state-wide coverage of falls prevention initiatives; • progression of the model of older women's wellness centres; • extension of the Multipurpose Services Program in rural areas; • review of the <i>NSW Nursing Homes Act 1929</i>; • implementing initiatives under the NSW Action Plan on Dementia; and • development of a Carers Strategy for NSW. 	NSW

Program	Outputs/Outcomes	
<p>Expansion of Home and Community Care services aims to address the health needs of older people in Victoria.</p>		VIC
<p>QLD Health is finalising its Strategic Directions for Older People's Health Services 2002–2007. This policy framework addresses older people's treatment in hospitals, residential care, community care, mental health services and services for people with dementia. Healthy Ageing Strategy issues are addressed in the section for community care strategies.</p>		QLD
<p>The Moving Ahead Strategic Plan is aimed at:</p> <ul style="list-style-type: none"> • enabling people to remain in their own communities and in their own homes; • extending roles in the future for non-government and private sectors; and • incorporating the integration and coordination of programs and services for older people between government and non-government service providers. 	<p>New assessment approaches are being developed as well as initiatives for developing protocols to ensure that people with complex and chronic needs and their carers have access to suitable services.</p> <p>Working partnerships are being developed with regional and local agencies in rural and remote areas as well as agencies that provide services across the State to promote and develop examples of integrated planning and practice.</p>	SA
<p>In 1999, the Department of Health released the discussion paper Health and Quality of Life for Older West Australians, which provided the foundation for a state-wide, whole-of-sector approach to addressing the health and related needs of an ageing population.</p>		WA
<p>The Aged Care Advisory Council is specifically charged with guiding the development of the State Aged Care Plan including an action plan for dementia care.</p>	<p>A wide-ranging consultation strategy will underpin the development of the Plan and input will be sought from all aged care interest groups including consumers, residents of rural and remote areas, geriatric and rehabilitation clinicians, health management, peak industry bodies, and many other service providers, organisations and individuals. It is anticipated that the Plan will be finalised early in 2003.</p>	WA
<p>The TAS Plan for Positive Ageing was launched in late 1999.</p>	<p>The <i>2000 Progress Report on the Tasmanian Plan for Positive Ageing 2000–2005</i> outlines the progress made to date in implementing the Plan's strategies.</p>	TAS

Program	Outputs/Outcomes	
Multipurpose Services	The Department of Health and Community Services is working with the Nhulunbuy and Tennant Creek communities to develop residential aged care and other aged care services within a flexible integrated health service. This will address major needs in these regions. Steering Committees have been established in each location to progress the model.	NT
The NT is a signatory to the Commonwealth, State and Territory Strategy on Health Ageing and has incorporated the objectives of this strategy into program and action plans within Department of Health and Community Services.	Initiatives with an emphasis on health and aged care service provision have been a prime focus of activity by the Department of Health and Community Services. The Office of Senior Territorians has been transferred to the Department of Chief Minister indicating the priority that the NT Government places on healthy ageing.	NT
The Transitional Care Project assists aged people in the transition from hospital to home reducing risk of admission to residential aged care or hospital. It provides flexible packages of care and has a strong focus of supporting input and direction by individual consumers.	After a period of short-term funding, the Transitional Care Project has been established as a permanent service in Darwin.	NT
The NT Government is committed to ensuring safe, accessible and high quality standards in residential aged care facilities. To this end legislation is currently being amended to ensure that licensing requirements are extended to all residential aged care facilities including 'hostels' or low care facilities.		NT
The ACT Government's commitment to addressing the needs of Older People is set out in the Forward Plan for Older People in the ACT 2000–2003 , which has been developed in the context of the Commonwealth, State and Territory Strategy on Healthy Ageing. The Plan contains 46 commitments under the key action areas of community attitudes; community participation; maintaining independence; and urban planning and monitoring.	The <i>First Implementation Progress Report 30 June 2001</i> outlines the progress on the commitments over a 12-month period.	ACT

Home and community care

Program	Outputs/Outcomes	
Personal Alert Victoria (Grampians Region) provides personal alarms for frail aged and younger disabled people living alone and at risk, to enable maintenance of independence and increased confidence.		VIC

Program	Outputs/Outcomes	
Support for Carers Program (Grampians Region)	Support structures have been established to provide assistance to carers of frail aged and younger disabled.	VIC
Older Person's Health Promotion Program assists older persons to lead healthy and independent lives and develops and delivers health promotion activities for older persons.		VIC
Bendigo Men In Sheds (Loddon Mallee Region) provides a safe physical and emotional environment offering opportunities for creativity, productivity and learning with other men to develop social relationships and improved self worth and mental and physical health.	The report of the program highlights the ripple effects 'the Shed' has on the participants' families and friends.	VIC
A review of country domiciliary care services was undertaken in 2000 as part of the overall examination of the provision of domiciliary care services in SA.	As a result of the review, the Country and Disability Services Division is developing and implementing a comprehensive model of home and community care and support services which will be piloted. The knowledge gained from the pilot will be transferred to other regions.	SA
The Care Awaiting Placement Program aims to facilitate the transfer of the care requirements of patients in the acute care sector to appropriate aged care services.	Services have been developed in response to the increasing numbers of patients in the acute sector who no longer require acute care. Immediate solutions involve a combination of therapy-based services, home care services and interim residential services.	WA
<p>The Department is developing sustainable, longer-term solutions that will focus on:</p> <ul style="list-style-type: none"> • appropriate discharge planning, with good communication between hospitals, GPs, community care providers and family to enable older people to be discharged from hospital with adequate support; and • access to rehabilitation and an appropriate level of community support to enable a return to independent living, which may avoid unnecessary placement in residential care. 		WA
The Department of Health and the Commonwealth are collaborating on a Transitional Care Pilot . The aim of the pilot is to reduce length of stay in the acute sector and also the demand for long-term care.	50 flexible aged care places are to be allocated to the pilot which will focus on better outcomes for recipients by providing finite term residential care together with rehabilitation.	WA

Program	Outputs/Outcomes	
Since 1995, the State has been progressively withdrawing as a major provider of residential aged care as this is an acknowledged responsibility of the Commonwealth Government. This has allowed the State to redirect and reinvest aged care funds and resources into a number of other aged care initiatives.	To date the department has reinvested approximately \$23m annually for new and expanded aged and continuing care services, as well as approximately \$35m for aged and continuing care capital expenditure. Much of this funding is redirected into health services for rural and remote areas.	WA
Home and Community Care provides funding to support a wide range of services to assist people who need basic support to continue to live in the community and without which they would have to move prematurely in residential care.	The State and Commonwealth Governments will jointly provide \$98.8m in funding for 2001–2002 of which the State contribution is approximately 39%. There has been significant growth in the program in WA which has increased by \$27.8m between the years 1995–96 and 2001–2002. In 2001–2002 the programs throughout WA will receive \$7.13m growth funding to upgrade programs and continue to develop new services.	WA
Housing Tasmania in collaboration with the Migrant Resource Centre and other stakeholders has undertaken a consultative process to explore housing options for older Tasmanians.	A report on the consultations and possible future directions has been released.	TAS
The proposed Katherine Transitional Care Unit would provide rehabilitation and supported recuperative care as well as short-term home support packages to aged people in the region. The majority of the target group will be Indigenous people from remote communities. Additional support following hospitalisation would assist consumers to access a range of supports in their own communities.		NT

Mental health

Program	Outputs/Outcomes	
Older Persons Socialisation Program (Loddon Mallee Region) is a mental health program linking older people to social supports within their communities following episodes of serious mental illness.		VIC
Under the Commonwealth Dementia Support for Assessment Project , the provision of dementia care services in the rural area over the past two years has focussed on education and training and the use of technology to improve access to dementia assessment services and professional expertise.	Regional site coordinators have been established to coordinate specific training needs regarding the use of telehealth technology and the diagnosis and treatment of dementia in WA rural centres.	WA

Informed planning

Program	Outputs/Outcomes	
NSW Health undertook a census of all older patients in public hospitals on 21 June 2001.	The census identified: the types of services received by older people; whether they had been assessed by an Aged Care Assessment Team and the results of those assessments; whether they were ready for discharge; and length of stay. It showed that there are almost 800 older people in public hospitals who should be in aged care homes, about 75% of whom were in rural Areas.	NSW
National Healthy Ageing Task Force	A paper is being developed on the impact of harsh and remote environments on ageing.	VIC
In January 2002, the Minister for Health announced the establishment of the WA Aged Care Advisory Council . The Council has the continuing role of providing advice to government on health and related aged care services for the older members of the WA community.	The Council will take a state-wide and system-wide perspective on all issues and will pay particular attention to the needs of specific subgroups of the population including the older Indigenous population, older people with a long-standing disability, older people from non-English speaking backgrounds, and older people who live in more remote parts of the State.	WA

GOAL 2 Improve the health of Aboriginal and Torres Strait Islander peoples living in rural, regional and remote Australia

Overview

Commonwealth

The Commonwealth Department of Health and Ageing is committed to improving the health of Aboriginal and Torres Strait Islander peoples by ensuring access to comprehensive, effective, high-quality primary health care and population health programs. It is pursuing a two-pronged approach, which aims to both improve accessibility and responsiveness of the mainstream health system and to provide complementary action through Indigenous-specific health programs. Although many initiatives are coordinated through the [Office for Aboriginal and Torres Strait Islander Health](#), all programs within the Department have a core responsibility to meet the specific needs of Indigenous Australians.

The following strategic approaches have been developed to improve the health status of Aboriginal and Torres Strait Islander peoples:

- achieving comprehensive and effective health care for Aboriginal and Torres Strait Islander peoples through the development of infrastructure and resources;
- addressing key health issues and risk factors impacting on health;
- improving the evidence base through effective data systems and evaluation and promoting the use of effective policy; and
- improving communication with service providers and the general population.

All policies relating to Indigenous health are based on the principle of community empowerment and participation in the development and delivery of health care services and a long-term partnership approach with key stakeholders, including all levels of government and the Aboriginal community controlled health sector. Experience to date has confirmed that this approach is important in order to achieve sustainable improvements in health outcomes.

New South Wales

The NSW Health Department's position with respect to improving the health and well-being of Aboriginal and Torres Strait Islander people and communities in NSW is outlined in *Ensuring Progress in Aboriginal Health: a Policy for the NSW Health System*. The policy is consistent with and informed by the National Aboriginal Health Strategy 1989. It documents agreed principles and goals to guide decisions and actions by the NSW health system in all matters relating to Aboriginal and Torres Strait Islander health. The policy guided the development of the NSW Aboriginal Health Strategic Plan.

The guiding principles for the policy are a whole of life view of health, practical exercise of the principles of Aboriginal self-determination, working in partnerships, cultural understanding and recognition of trauma and loss.

The Goals stated in the Policy are:

- improved health of Aboriginal people, taking account of the need to restore social, economic and cultural well-being;
- improved access to culturally sensitive and appropriate services;

- effective evidence-based health planning; and
- an environment of improvement.

The Policy is implemented, monitored and evaluated through the [NSW Aboriginal Health Strategic Plan](#), which aims to ensure coordinated action between the Commonwealth, the NSW Government and the Aboriginal Community Controlled Health sector, and Area Health Service Aboriginal Health Plans.

Key documents which form the background and context for the NSW Aboriginal Health Strategic Plan and the NSW Aboriginal Health Policy include the Report of the Royal Commission into Aboriginal Deaths in Custody, *Bringing them Home* and *Ways Forward*.

Victoria

The achievements of the Victorian Department of Human Services in addressing this goal include:

- improved linkages between the [Victorian Aboriginal Community Controlled Health Organisation](#), its rural membership and rural health agencies;
- development of integrated, local and holistic approaches and responses to family violence;
- identification of priority areas for attention in communities;
- provision of stolen generation support and linkages to mechanisms that assist clients into services such as link up and intensive counselling;
- improved access by the Koori community to mainstream health services;
- investigation of the development of data collection systems and strategies to more accurately assess current and potential demand for disability services by the Koori community;
- [Victorian Indigenous Committee for Aged Care and Disability](#) and regional networks of [Aboriginal Home and Community Care](#) agencies to developing and participating in Commonwealth and Victorian health initiatives; and
- provision of support to the [Rumbalara Aboriginal Cooperative](#) in delivering 20 Commonwealth Community Aged Care packages to Aboriginal elders in the Hume Region.

Queensland

Queensland Health has nominated the improvement of the health of Aboriginal and Torres Strait Islander peoples as one of its strategic priorities. The aim is to bring Aboriginal and Torres Strait Islander people's health status to the same level as other Queenslanders. A [Statement of Intent for Reconciliation](#) outlines Queensland Health's recognition of Aboriginal and Torres Strait Islander peoples as the first Australians as well as practical measures to achieve Reconciliation.

Queensland Health has developed an [Aboriginal and Torres Strait Islander Strategic Policy Framework](#) to address chronic disease among Aboriginal and Torres Strait Islander peoples. This builds on earlier national and State Indigenous health policies including the Queensland Health Aboriginal and Torres Strait Islander Health Policy of 1994. Queensland Health's Northern, Central and Southern Zones have developed health plans for Aboriginal and Torres Strait Islander peoples to implement these policy directions. A range of chronic disease, mental health and child and youth programs respond to key health needs.

Queensland Health has established a number of mechanisms to create collaborative partnerships with Indigenous communities and other government and non-government agencies, including the [Queensland Aboriginal and Torres Strait Islander Health Partnership](#) and the [Queensland Aboriginal and Torres Strait Health Alliance](#). Queensland Health also participates in the [Queensland Government Aboriginal and Torres Strait Islander 10-Year Partnership](#). It has agreements and action plans developed with other State Government agencies under the leadership of the Department of Aboriginal and Torres Strait Islander Policy to address issues related to service delivery, Reconciliation and family violence.

South Australia

The South Australian Government has committed to advance Aboriginal reconciliation by encouraging greater understanding between all Australians, and by recognising the special needs of Aboriginal communities, especially in health and education. Priority is placed on achieving improved health and life expectancy for Aboriginal people, and ensuring that mainstream services are more responsive to and accountable for the care, well-being and needs of Aboriginal people.

Improving the health and well-being of Aboriginal people is one of the four key directions which underpin service planning and policy within rural and remote sectors of the Department of Human Services.

Key achievements under Goal 2 have included;

- targeted intervention to Aboriginal families who have multiple problems and who have been involved with numerous agencies over a long period of time;
- accommodation and integrated service needs of transient and homeless individuals;
- medical step-down facilities for Aboriginal people;
- development of [Substance Abuse Strategy](#), [Sobering-Up Unit](#), and [Mobile Assistance Programs](#);
- focus on community-based approaches that build on community strengths and the existing authority of local Aboriginal elders; and
- commitment to the development and implementation of both the [Aboriginal Cross-Cultural Policy](#) and the [Anti-Racism Policy](#).

Western Australia

Aboriginal people comprise approximately 3 per cent of the total population in Western Australia and about two thirds of these (38,000) live in rural and remote parts of the State. Approximately 16 per cent of all Aboriginal Australians live in Western Australia. The Aboriginal population is growing at a higher than average growth rate of 2.5 per cent.

Aboriginal people are the least healthy of all Western Australians. The prevalence of chronic diseases is extraordinarily high. Enormous gaps continue to exist between the health status of Aboriginal and non-Aboriginal people and, for some health conditions, the gaps are widening. Poor health status is reflected in the average life expectancy of Aboriginal people (61 years for Aboriginal males and 67 years for Aboriginal females). This is approximately 14 years lower than for other Western Australians.

The major health problems among Aboriginal people are diabetes, heart disease, respiratory and other infections, nutritional disorders, injuries and violence and maternal and child health disorders. Underlying the range of diseases that affect Aboriginal people are poor nutrition, alcohol and substance abuse, sub-standard living conditions, high levels of psychosocial

stress, violence and underutilisation and/or inappropriate use of health services. At a deeper level, the causes of these problems and their reflection in ill-health are poverty, which includes low income and unemployment; limited education, discrimination, and lack of empowerment.

Not surprisingly, there are regional differences in health status. Aboriginal people living in rural Western Australia generally have higher rates of mortality and hospitalisation than those living in the metropolitan area. However, deaths due to heart disease, cancer, diabetes, respiratory diseases and injuries remain major issues for all Aboriginal people.

Current strategic priority areas for Aboriginal health are determined by amalgamating State and National priorities with the regional health needs identified in the six [Regional Aboriginal Health Plans](#). Recognition is also required that in some communities additional funding is needed to develop a [Management, Economic, Social and Human infrastructure](#). Building up such an infrastructure could take the form of training, assisting in community development, or providing facilities such as office space or transportation.

Tasmania

The Department of Health and Human Services is seeking to improve its data collection in identifying Aboriginality as a necessary step in determining problem areas and improving service delivery. Several initiatives are being pursued including the development of a [state-wide Client Registration System](#) with links to service delivery across all public hospital and community health sectors.

Northern Territory

It is widely acknowledged that tackling the underlying causes of Aboriginal health problems at a community level provides the best long term prospects for health improvements. Consistent with this understanding, services designed and delivered within a primary health care framework are considered the most appropriate health sector response to Aboriginal health problems.

The principles and practice of primary health care are central to a number of policy initiatives and strategies developed by the Northern Territory to specifically address Aboriginal health problems. These emphasise consultative processes with Aboriginal communities and an inter-sectoral approach, which brings together Commonwealth and Northern Territory agencies and Aboriginal health sector organisations to collaborate in developing effective solutions. This allows for the pooling of resources and ideas and by placing the management of services under Aboriginal community ownership and control, ensures Aboriginal health priorities are addressed.

The Aboriginal population is characterised by its culture, which defines separate roles and responsibilities for men and women. This translates into a need for services in which gender roles and responsibilities are woven into the fabric of service design and delivery. For most individuals and most health problems Aboriginal men and women must have access to services which are culturally acceptable and gender appropriate.

The major new initiative is the implementation of the [Primary Health Care Access Program](#) through a staged establishment of [Health Zones](#) throughout the NT. These health zones will each have an elected Board of Management that will be responsible for pooled Commonwealth and Northern Territory Health funds.

This implementation will build on the success of models developed as part of the Coordinated Care Trials program in Tiwi Islands and Katherine West.

Other areas of focus of particular relevance to the health of Aboriginal people include Indigenous male health, the [Preventable Chronic Diseases Strategy](#), [Strong Women, Strong Babies, Strong Culture Program](#) and Indigenous Mental Health. The [Leave No Footprints Framework](#), developed in collaboration with community partners, outlines a working model in which clinicians work collaboratively with Aboriginal health workers in a 'malpa' or mentor relationship, with each partner learning from, and supporting the other.

The Northern Territory is a signatory, along with the Commonwealth Department of Health and Ageing, ATSIC and the Aboriginal Medical Services Alliance NT to the second Northern Territory Agreement on Aboriginal and Torres Strait Islander Health. Consistent with this agreement, which is also known as the 'Framework Agreement', the NT participates in consultative processes coordinated through the [Northern Territory Aboriginal Health Forum](#).

Australian Capital Territory

The ACT Government has an across-government approach to Aboriginal and Torres Strait Islander issues, which is progressed through the [Interdepartmental Committee on Aboriginal and Torres Strait Islander Affairs](#). The Government's commitment to improving Aboriginal and Torres Strait Islander Health is outlined in the [ACT Aboriginal and Torres Strait Islander Regional Health Plan 2000–2004](#). The Regional Health Plan was developed in partnership with the [ACT Aboriginal and Torres Strait Islander Forum](#) which has endorsed the Plan. The Plan is in its first full year of implementation and contains an evaluation strategy.

The key directions and goals of the Plan are:

- an across-government approach to Aboriginal and Torres Strait Islander health;
- Indigenous community control of health services through increased Indigenous participation in planning, monitoring and evaluation of services;
- access to and delivery of culturally appropriate health and health-related services;
- appropriate and needs-based distribution of resources;
- development of a supported and skilled Indigenous health workforce;
- improved gathering and analysis of Indigenous health data to enable measurement of performance and evaluation of strategies and health outcomes;
- improved health outcomes in identified health priority areas; and
- addressing intersectoral health issues.

2.1 Specific strategies for Aboriginal and Torres Strait Islander peoples

Develop specific strategies for Aboriginal and Torres Strait Islander peoples in the health priority areas outlined in the previous goal

Chronic disease

Program	Outputs/Outcomes	
The Preventable Chronic Diseases Framework encompasses health promotion, prevention, screening and management of cluster diseases such as cardiovascular disease, diabetes and renal disease.	The framework will focus on early detection and management of chronic diseases in Aboriginal and Torres Strait Islander populations. This will include increasing the capacity of the Aboriginal community controlled sector to adopt a systematic approach to the early detection and management of preventable chronic diseases in Indigenous people. The framework is being developed by the Office for Aboriginal and Torres Strait Islander Health.	CW
The Chronic Disease Strategy for the Northern Zone aims to reduce the impact of chronic diseases on the Indigenous population of North QLD. The Strategy is overseen by The Clearing House for Indigenous Rural and Remote Projects (CHIRRP) , a forum for sharing information, strategic planning and tracking progress on projects.	Components of the Chronic Disease Strategy include : <ul style="list-style-type: none"> the Enhanced Model of Primary Health Care; the Better Health Outcomes Project, a patient information and recall system, providing a tool for the management of chronic diseases and prompting opportunistic screening; and a workforce planning project. 	QLD
Other Northern Zone Chronic Disease initiatives are:	<ul style="list-style-type: none"> Meriba Zageh for Diabetes — Our Work for Diabetes, a plan for the prevention and management of diabetes in the Torres Strait and Northern Peninsula Health District; and service protocols for management of cardiovascular disease included in training programs of Aboriginal and Torres Strait Islander services. 	QLD
The Northern Zone Renal Services Plan 2000–2010 aims to: <ul style="list-style-type: none"> provide a service development framework for holistic renal services; defer the progression of persons with renal disease to end stage renal failure; and increase access to renal replacement (dialysis) services. 	The QLD and Commonwealth governments have funded capital infrastructure for haemodialysis units.	QLD
In consultation with key service providers and consumers, the Department of Human Services has explored opportunities to reduce the impact of diabetes , especially for Aboriginal people.	An Aboriginal Diabetes Educator Network will provide peer support and ongoing education to rural workers.	SA

Program	Outputs/Outcomes	
Preventable Chronic Diseases Strategy	See Goal 1.5.	NT

Nutrition

<ul style="list-style-type: none"> The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000–2010 aims to facilitate a coordinated national approach to Indigenous public health nutrition by highlighting key areas for national action to improve Indigenous health and well-being through better nutrition. It forms an integral part of the broader public health nutrition strategic framework and agenda for action, <i>Eat Well Australia 2000-2010</i>, produced through the National Public Health Partnership's Strategic Inter-Governmental Nutrition Alliance. This strategy was endorsed at the Australian Health Ministers' Conference on 1 August 2001. It was agreed at the Conference that jurisdictions would continue to work cooperatively through the National Public Health Partnership to invest in identified priority areas.

Program	Outputs/Outcomes	
Indigenous Nutrition Needs Assessment	Assessment has been carried out in two rural communities	VIC
The ABC–123 for Koori Teeth Project encourages awareness of oral health in Aboriginal communities and promotes an understanding of the relationship between oral health and a healthy diet.		VIC
Top Tips For Teeth Project aims to develop environments supportive of good oral health and improve oral health knowledge, attitudes and behaviours among Aboriginal and Torres Strait Islander school students and preschoolers, primary school children and their parents.	Builds the capacity of the oral health and community workforce to enhance oral health promotion practice.	VIC
The QLD Aboriginal and Torres Strait Islander Food and Nutrition Strategy aims to improve the nutrition status of Indigenous people.	Initiatives include: <ul style="list-style-type: none"> the Healthy Weight Program, a community-based weight management and healthy lifestyle program designed for Aboriginal and Torres Strait Islander adults; and Healthy Jarjums Make Healthy Food Choices, a nutrition curriculum resource on nutrition and Aboriginal and Torres Strait Islander cultures, which is being trialed across southern QLD in collaboration with Education QLD. 	QLD
NT Food and Nutrition Policy	See Goal 1.5.	NT

Maternal and child health and male health

Developing specific strategies for population groups

- As a response to the identified need for a comprehensive approach to addressing Indigenous maternal and child health need, the **Commonwealth** Office for Aboriginal and Torres Strait Islander Health has prioritised the development of an **Aboriginal and Torres Strait Islander Maternal and Child Health Framework** (incorporating nutrition). The Framework will aim to facilitate a coordinated approach to evidence-based policy development, implementation and service delivery across all sectors of government.
- The National Indigenous Male Health Policy Framework is being developed in consultation with key stakeholders and is intended to facilitate greater collaboration, partnerships and commitment in addressing Indigenous male health. The Framework aims to present a range of key priority areas to inform more detailed planning and coordinated activities at the local, State and national levels. It is intended that the Framework inform jurisdictional activity in line with differing regional, State and national priorities.

Program	Outputs/Outcomes	
<p>The National Indigenous Pneumococcal and Influenza Immunisation Program aims to deliver vaccines to Aboriginal and Torres Strait Islander people at high risk from these infections, which includes those with chronic illnesses like diabetes and liver and kidney disease. A particular focus is on reaching groups that are difficult to access such as homeless people and heavy drinkers.</p> <p>A complementary initiative is the National Childhood Pneumococcal Immunisation Program which aims to provide vaccines for children at high risk of contracting invasive pneumococcal disease.</p> <p>Increasing consumer demand and access to the vaccines is a key issue for both programs.</p>	<p>The Commonwealth funds free vaccines for those at risk. Annual flu vaccines and five-yearly pneumococcal vaccines are provided for all Aboriginal and Torres Strait Islander adults over the age of 50 years; and Aboriginal and Torres Strait Islanders aged 15–49 years in high risk groups.</p> <p>Pneumococcal vaccines are also provided for children at high risk of contracting invasive pneumococcal disease, including all Aboriginal and Torres Strait Islander children up to two years and those up to five years in Central Australia.</p>	CW
<p>The NSW Aboriginal Maternal and Infant Health Strategy aims to improve the health of Aboriginal mothers and babies by providing community-based, primary health care programs.</p> <p>Teams of midwives and Aboriginal health workers provide culturally appropriate antenatal and postnatal care.</p> <p>The Strategy is being implemented through the local Aboriginal health partnerships in collaboration with other departments, including the Premier's (Families First) and Education Departments.</p>	<p>Recurrent funding of \$1.5m was provided from December 2000 to implement the Strategy. This Strategy has three components:</p> <ul style="list-style-type: none"> • primary health care programs in six rural and remote Area Health Services; • a state-wide training and workforce support program for midwives and Aboriginal health workers; and • an evaluation strategy. 	NSW

Program	Outputs/Outcomes	
The Aboriginal Family Health Strategy aims to develop or enhance prevention, intervention and/or education services for Aboriginal people who have suffered from, or are at risk of, family violence, sexual assault and child abuse.	\$1.2m recurrent funding has been allocated. 15 of the 18 services allocated funding are in rural areas. The remaining three services are in Areas with significant Aboriginal populations.	NSW
The Victorian Aboriginal Health Service and the Maternal and Child Health Service have addressed Koori needs.	Increased usage of services and increased levels of immunisation have resulted.	VIC
The Maternity Services Program has resulted in the provision of culturally appropriate support by Aboriginal Health workers and midwives during pregnancy, birth and in the immediate post-natal period.	This program has resulted in service provision to eight communities.	VIC
Rural Koori Men's Health Project	Links with mainstream agencies have been improved. Culturally appropriate health resources for Koori men are being developed.	VIC
Koori Women's and Children Nutrition Program (Barwon South Western Region) aims to improve the nutritional status of Indigenous women and children.		VIC
Indigenous Family Violence Strategy aims to develop integrated, local and holistic approaches and responses to family violence and to raise community awareness.	Communities have been engaged in the development of responses and recommend state-wide responses The Indigenous Family Violence Taskforce has been established and strategic planning has commenced.	VIC
QLD Health is developing a Policy Statement and Service Models for Indigenous Children's and Young People's Health 2003–2008 .	Relevant initiatives include: <ul style="list-style-type: none"> • a state-wide Hearing Health Program; • the Early Intervention for Safe and Healthy Families Initiative; • projects that improve antenatal and birthing services for Indigenous women; • the Nurse Immuniser Training Program; • coordinated follow-up of Indigenous children who are unvaccinated or overdue for vaccinations; and • the Indigenous Paediatric Respiratory Specialist Outreach Program (1998–2001). 	QLD

Program	Outputs/Outcomes	SA
<p>The Port Augusta Aboriginal Families Project began in February 1998 targeting Aboriginal families who have multiple problems and who have been involved with numerous agencies over a long period of time. It was recognised that such families are difficult to engage and require significant resources from the agencies that support them. This project applies the principles of empowerment, participation and partnership in a creative way.</p>	<p>The project involves staff from the local Family and Youth Services and SA Housing Trust offices in partnership with the families involved. The relationship has evolved in response to changing need and knowledge.</p> <p>The project has been effective in preventing children being placed into alternative care; reducing debt; improving the health of adults and children; decreasing reliance on health care systems; discharging of criminal justice orders; and stability in accommodation.</p>	SA
<ul style="list-style-type: none"> • The Western Australian Aboriginal Family Futures Program aims to improve the health and well-being of Aboriginal and Torres Strait Islander people through the coordination (case management) of support and services for families at four sites across Western Australia. Through this initiative Aboriginal families and communities are empowered to determine their own health care, with the Aboriginal Health Worker having the primary responsibility for coordinating services and programs. • A comprehensive evaluation and review of the program was undertaken in 2000 which indicated improvements to both health and the appropriateness of care. 		
Program	Outputs/Outcomes	WA
<p>The Building Blocks Initiative being trialed in WA comprises Women's Business and Solid Families Programs. These programs provide culturally appropriate services to improve and prepare young women for womanhood, as well as the provision of intensive parenting and support services for young Aboriginal and Torres Strait Islander women.</p>		WA
<p>In 1999, the NT hosted the First National Indigenous Male Health Convention. The conference established the National Indigenous Male Health and Well-Being Reference Committee to raise awareness of Indigenous male health and work towards establishing links with peak health agencies and organisations. An NT Indigenous Male Health Committee with Government and non-Government members of the Aboriginal health sector was also established</p> <p>Male Indigenous Health in the NT is promoted by the Department of Health and Community Services through the establishment of an Aboriginal Male Health Policy Unit.</p>	<p>In August 2000, the Male Health Policy Unit in partnership with the Committee organised the First NT Indigenous Male Health Conference; 'Health is Males Business Too' in Tennant Creek.</p> <p>The Male Health Policy Unit is currently developing a mentoring program aimed at fostering the employment of more Aboriginal males in the NT Government, especially in remote health services. Increasing Aboriginal male participation in the health workforce and separate 'male places' are seen as crucial elements in the advancement of male health.</p>	NT

Program	Outputs/Outcomes	
<p>The Strong Women, Strong Babies, Strong Culture program is based on a bicultural approach to the delivery of antenatal and child health education. The goals of the Program are to:</p> <ul style="list-style-type: none"> improve maternal health and birth outcomes among Aboriginal women; and improve the growth and nutritional status of children 0–3 years. 	<p>The program is currently operating in four communities in Central Australia and eight communities in the Top End and has demonstrated improvements in birth outcomes. In 1998 the program was independently evaluated by the Menzies School of Health Research and the results showed a 43% reduction in the number of low birth weight infants and 140 gram increase in the mean birth weight.</p>	NT
<p>The ACT Government is supporting an Aboriginal Midwifery Access Program, for the provision of appropriate midwifery support in pregnancy and following birth. The program will provide: antenatal and postnatal support to the target group; information about available service options; linkages with appropriate mainstream services; midwife support to women visiting doctors/specialists; and an outreach service.</p>	<p>The project is expected to achieve the following outcomes:</p> <ul style="list-style-type: none"> improved antenatal and postnatal health for Aboriginal women and babies; collaboration between the Program and relevant mainstream services; improved birthing, parenting and early childhood experiences for Aboriginal mothers and new babies; and better informed decisions about ongoing care. 	ACT
<p>The ACT Government has funded a program that will see the employment of Indigenous Support and Education Workers at Canberra Rape Crisis Centre. The model of service delivery is outreach based.</p>	<p>This initiative will see the provision of support, education and information about sexual violence to Indigenous communities, relevant Indigenous and non-Indigenous organisations.</p>	ACT

Improving the health of communities

Program	Outputs/Outcomes	
<p>The Aboriginal Non-Government Organisation Program aims to deliver complementary health services to the Aboriginal community. These include public health services, drug and alcohol services and dental health services.</p>	<p>Total funding for the Program is \$4.6m recurrent. Funding is allocated to Aboriginal Community Controlled Health Services in each of the rural Area Health Services.</p>	NSW
<p>The Aboriginal Minor Capital Works Program aims to improve the delivery of or access to health services by Aboriginal people.</p>	<p>A total of \$1m has been allocated for a number of small capital works projects in Area Health Services and Aboriginal Community Controlled Health Services</p>	NSW
<p>Improved hospital access, support and care for Aboriginal/Torres Strait Islander identified patients.</p>	<p>The standard unit of funding has been given a 10% loading for Koori patients. Koori hospital liaison officers have been appointed.</p>	VIC
<p>Aboriginal Community Plan Strategic Directions 2000–2002: Regional Plan identifies priority areas for attention in Loddon Mallee Region communities.</p>		VIC

Program	Outputs/Outcomes	VIC
<p>The Koori Specific Maternal and Child Health Enhancement Home Visiting Service provides culturally relevant services to Koori families and communities through all local government areas across the State.</p>		VIC
<p>State-wide and regional Home and Community Care Plans have been developed to reflect Koori needs and priorities for expansion.</p>		VIC
<p>Koori Human Services Plan 2002 (Hume Region) identifies priority areas across health and welfare functions of Hume Regions.</p>		VIC
<p>The QLD Health Aboriginal and Torres Strait Islander Environmental Health Strategy 2001–2006 addresses environmental health issues affecting Aboriginal and Torres Strait Islander peoples.</p>	<p>Initiatives include:</p> <ul style="list-style-type: none"> • Indigenous environmental health positions; • professional development workshops for environmental health workers; • a video resource, <i>The Environmental Health Worker</i>, and • representation in a number of forums, partnerships and processes. 	QLD
<p>In recognition of the significant contribution of the physical environment on health status, the Department of Human Services is addressing environmental health for rural and remote Aboriginal communities.</p> <p>The Department is liaising with local communities and relevant organisations to ensure better standards of Indigenous environmental health.</p>	<p>An Environmental Health Officer of Indigenous origin has been employed.</p> <p>Strategies for improving environmental health include expanded regular testing of drinking water in remote Aboriginal communities; food transport monitoring; research on domestic waste water treatment and disposal in remote Aboriginal communities; and installation of appropriate treatment units. A state-wide mosquito control plan with a focus on local council areas of the State is under development.</p>	SA
<p>The Office of Aboriginal Health Gap Closing Programs include a wide range of policy making and purchasing initiatives including in the <i>Healthy Horizons</i> priority areas.</p>	<p>The Office of Aboriginal Health commissions cooperative work and funds specific innovative programs aimed at improving health status including:</p> <ul style="list-style-type: none"> • Road Safety Program; • Youth Health Empowerment Program; • Alcohol and Drugs Program; • Health Promotion Programs; • Diabetes, Heart Health, Nutrition and Exercise Programs; and • Substance Misuse Education Program. 	WA

Program	Outputs/Outcomes	
The WA Aboriginal Health Information and Ethics Committee encourages quality research into Aboriginal health improvement by reviewing research proposals, providing advice and guidance to researchers and endorsing proposals that meet Aboriginal community needs and local acceptance together with NHMRC guidelines.		WA

Ear and eye health

Program	Outputs/Outcomes	
The National Aboriginal and Torres Strait Islander Eye Health Program aims to improve access to eye health services for Indigenous Australians, particularly those in rural and remote communities. A review of the program will be completed in 2002.	25 Regional Eye Health Coordinators have been appointed to establish regular ophthalmological and optometrical specialist services. <i>Specialist Eye Health Guidelines for use in Aboriginal and Torres Strait Islander Populations</i> have recently been published.	CW
Through the Outback Eye Service , funding has been allocated to provide eye health services, with particular emphasis given to Aboriginal people and screening programs.	Funding of \$600,000 has been provided to Prince of Wales Hospital Ophthalmology Unit over three years commencing 2000–2001.	NSW
The Visual Impairment Prevention Program aims to assist in the prevention of eye disease as a consequence of diabetes.	The Program is developing training for Aboriginal health workers and sustainable resources to assist Aboriginal health workers and communities to prevent eye disease as a complication of diabetes.	SA
The National Aboriginal and Torres Strait Islander Hearing Health Strategy aims to improve the hearing of Indigenous Australians by extending hearing health services to children, especially those aged 0–5 years, as part of routine primary health care.	Evidence-based guidelines for the management of middle ear infections in Aboriginal and Torres Strait Islander peoples have been developed. A strategy to support the uptake of the guidelines is being implemented.	CW
The NSW Otitis Media Strategic Plan for Aboriginal Children aims to improve the delivery of services to Aboriginal children with, or at risk of, otitis media (middle ear infection).	A total of \$ 422,007 funding was allocated in 2000–2001 to three rural Area Health Services and three non-government organisations.	NSW
The Ear Nose and Throat Specialist Outreach Program 1998–2000 provided: <ul style="list-style-type: none"> • early detection; • accessible and appropriate early intervention; • consistent and effective on-going management; • education for Indigenous health workers, nursing staff and medical practitioners; and • a model for outreach specialist services in QLD. 	A Project Manager/Audiologist and an Indigenous health worker provided clinical services and training programs and surgical services were provided by an appropriate range of specialists.	QLD

Mental health

Program	Outputs/Outcomes	
The Aboriginal Dementia Awareness Project aims to increase understanding in the broader community of Aboriginal needs in relation to dementia, and to develop culturally appropriate dementia resources that align with the Australian Training Framework.	The first phase of the project ran from October 2000 to November 2001 and involved recruitment of appropriately skilled Aboriginal trainers who were trained in the delivery of the Program in local areas. Home Care Services of NSW conducted the first phase of the project, and will be funded to extend project into phase 2 in 2002 to support and assist trainers and to strengthen the trainer network.	NSW
The Aboriginal Dementia and Palliative Care Consortia Projects recognise that there is a low level of access by Aboriginal communities to dementia and palliative care services.	\$200,000 funding has been allocated to projects that address the barriers that communities experience in accessing dementia and palliative care services.	NSW
Rural Area Mental Health Services Project	Aboriginal Liaison positions have been established. Access for Koori communities to Mental Health Services has been improved. Workers operate between Mental Health Service and Koori Health Service.	VIC
Purro Birik Strategic Plan	Partnerships are being developed between rural mental health services and Koori Health services.	VIC
Spiritual and Emotional Well-Being Program	Access to clinical mental health services and culturally relevant service delivery has been substantially improved. Mental Health liaison positions have been established.	VIC
The Barwon South Western Koori Mental Health Access Project aims to provide Koori people with access to a Psychiatric Disability Support Service.	A Koori-specific worker position has been established within a mainstream organisation.	VIC
QLD Health has an Aboriginal and Torres Strait Islander Policy Statement on Mental Health .	Relevant initiatives include: <ul style="list-style-type: none"> • 56 Indigenous mental health positions across QLD; • cross-cultural training for mental health staff; • needs analysis of Indigenous young people; and • provision of funding to the <i>MindMatters / Community Matters</i> and <i>Friends</i> initiatives to work with mental health issues among primary and secondary school students. 	QLD

- The **Northern Territory Leave No Footprints Framework** was developed by the Central Australian Mental Health Service, the Central Australian Mental Health Service Remote Team and community partners.
- The Framework recognises and legitimises cultural practices in the maintenance and promotion of emotional and social well-being and helps to support, encourage and build community ownership, control and responsibility for mental health. The role of Mental Health clinicians in Leave No Footprints is to work hand-in-hand with Aboriginal Mental Health Workers in a 'malpa' or mentor relationship, each learning from, and supporting the other. In this model clinical and cultural knowledge bases are mutually respected.
- At the Mental Health Services Conference 2000, the framework received a Gold Achievement Award and was acknowledged as a best-practice mental health service for Aboriginal people.

Program	Outputs/Outcomes	
Aboriginal Mental Health Guidelines and Action Plan and Implementation Strategy	This work has been completed and the Mental Health Program is utilising these documents to inform the policy and planning processes.	NT
Aboriginal Mental Health Worker Program	Aboriginal mental health workers raise awareness of Indigenous mental health issues within mainstream mental health services, by providing cultural education to non-Aboriginal colleagues who service Aboriginal clients.	NT
Aboriginal Emotional and Social Well-Being Working Party	A working party has been established under the auspices of the NT Aboriginal Health Forum. This group will oversee the development of an Aboriginal Emotional and Social Well-Being Strategic Plan for the NT.	NT
Rural and Remote Mental Health Partnerships	Rural and remote mental health partnerships are currently maintained with: <ul style="list-style-type: none"> • Central Australian Aboriginal Congress, to provide Aboriginal mental health worker resources to the Congress' Social and Emotional Well-Being program; • Ltyentye Apurte Community Government Council, to provide a Social and Emotional Well-Being program; • Yuendumu Community Government Council, to provide a Social and Emotional Well-Being program; • Naiyu Nambiyu Community Government Council, to provide a mental health outreach service for the Naiyu community; and • NT Aboriginal Health Forum – Emotional and Social Well-Being Working Party. 	NT

Program	Outputs/Outcomes	
The ACT Government has identified three clinical positions for Aboriginal and Torres Strait Islander workers in the ACT Mental Health Service through the 2001–2002 Budget. These positions will complement an Indigenous Mental Health Liaison position established in 1999.	Outcomes are expected to include improved access to more culturally aware and responsible mental health services, the training of all ACT Mental Health staff on Indigenous matters, development of links between Indigenous clients and mainstream services. Recruitment for these positions is currently in progress.	ACT

Sexual health

Program	Outputs/Outcomes	
<p>The National Indigenous Sexual Health Program encompasses the following.</p> <p>The National Indigenous Australians' Sexual Health Strategy 1996–97 to 1998–99 [now extended to 2003–04] provides a comprehensive approach to preventing the spread of HIV and other sexually transmissible infections (STI) in Indigenous communities.</p> <p>The National Donovanosis Eradication Project (2001–2004) aims to eradicate Donovanosis from Australia by 2004.</p> <p>The Polymerase Chain Reaction Program which funds Nucleic Acid Amplification STI testing in Indigenous communities.</p>	<p>The Strategy aims to engender a more collaborative and strategic approach to Indigenous sexual health and increase numbers of Aboriginal health workers providing sexual health services.</p> <p>Implementation of the Strategy is to be guided by an Implementation Plan.</p> <p>Four coordinator positions have been funded across QLD, WA and NT to implement the project.</p> <p>Access to appropriate STI testing technology for Indigenous Australians has been increased. Collection of STI prevalence/incidence data has increased.</p>	CW
QLD Indigenous Women's Cervical Screening Strategy 2000–2004	<p>Key action areas have been identified as:</p> <ul style="list-style-type: none"> • community education; • screening and follow-up services; • workforce development and training; • cancer support services; • the support role of men in cancer prevention; and • follow-up, monitoring and evaluation. 	QLD
QLD Health is developing an Indigenous Sexual Health Strategy to implement the National Indigenous Australians' Sexual Health Strategy.	<p>Funding is provided for the following initiatives:</p> <ul style="list-style-type: none"> • the Indigenous Polymerase Chain Reaction Program which makes non-invasive testing for chlamydia and gonorrhoea available across QLD (about 1,000 tests per month); • the Indigenous Injecting Drug Use Project funding education of health and other professionals on issues around hepatitis C, HIV/AIDS injecting behaviour and harm minimisation; and • the Indigenous Sexual Health Worker Program with 18 Indigenous positions. 	QLD

Program	Outputs/Outcomes	
The Aboriginal Women's Cervix Screening Program aims to increase screening rates for Aboriginal Women.	This state-wide grants program provides services to Aboriginal communities and health services. It incorporates supplementary screening services in some rural and remote areas, community education and awareness and training for health workers.	SA

Substance use

Program	Outputs/Outcomes	
The Aboriginal and Torres Strait Islander Substance Use Program aims to address Indigenous substance use by focussing on the range of substances, as well as the health and social costs involved. Taking a holistic approach, the program aims to promote access for Aboriginal and Torres Strait Islander communities to substance use services across the continuum of care, from prevention and early intervention to clinical treatment and rehabilitation.	The program provides funding towards the operation of 63 substance use services, many in rural and remote locations.	CW
QLD Health has completed a four-year process of consultation on substance use issues with Indigenous people across the State. This included Aboriginal concepts on the nature and causes of alcohol dependence and misuse, and on prevention, intervention and treatment.	13 reference groups have been established. Health Service Districts in the Northern Zone have been funded to develop integrated Indigenous drug and alcohol services.	QLD
Two Aboriginal and Torres Strait Islander youth alcohol and other drug workers are funded through the Gugan Gulwan Aboriginal Youth Corporation.	The initiative provides Aboriginal and Torres Strait Islander young people with access to information on education and health service resources relating to drug and alcohol abuse, and includes street-based outreach and the forging of links with mainstream services. Gugan Gulwan is also funded to provide education to Indigenous elders about mainstream services available for their families.	ACT

2.2 Implementation of the national Aboriginal and Torres Strait Islander Health Strategy

Continue to implement the national Aboriginal and Torres Strait Islander Health Strategy, which will inform development of local and regional plans

Program	Outputs/Outcomes	
National Aboriginal and Torres Strait Islander Health Strategy	See box on page 26.	CW

Program	Outputs/Outcomes	
<p>An initiative under the NSW Aboriginal Health Partnership and the NSW Aboriginal and Torres Strait Islander Health Agreement, the NSW Aboriginal Health Strategic Plan was developed in collaboration with the Aboriginal Health and Medical Research Council, the Commonwealth Department of Health and Ageing, NSW Health and the Aboriginal and Torres Strait Islander Commission.</p> <p>The Plan sets priorities and directions for Aboriginal health well beyond three years, and supports the implementation of the National Aboriginal Health Strategy and NSW Health's Aboriginal Health Policy (see Overview to Goal 2).</p>	<p>Since its launch in 1999, all NSW Health policies, programs and practices have been informed by the Plan.</p> <p>\$10m has so far been identified for implementation of the Plan over three years.</p>	NSW
<p><i>Ensuring Progress in Aboriginal Health: a Policy for the NSW Health System</i></p>	<p>See Overview to Goal 2.</p>	NSW
<p>Rural Aboriginal Health Strategy Program</p>	<p>Improved linkages between the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), its rural membership and rural health agencies.</p> <p>Support of other relevant program areas of VACCHO where they impact on health services in rural areas.</p> <p>Liaison between VACCHO and the tertiary sector.</p>	VIC
<p>Aboriginal Community Plan Strategic Directions 2002–2005: Regional Plan (Loddon Mallee Region) identifies priority areas for attention in communities.</p>		VIC
<p>Koori Services Improvement Strategy (Grampians Region)</p>	<p>Regional Reference Groups have been established and local needs and service gaps identified.</p> <p>Cultural awareness training is provided.</p>	VIC
<p>National Aboriginal Health Strategy (Hume Region)</p>	<p>The Plan has been used to inform Koori Human Services Plan.</p>	VIC
<p>QLD Health's Statement of Intent for Reconciliation outlines QLD Health's recognition of Aboriginal and Torres Strait Islander peoples as the first Australians as well as practical measures to achieve Reconciliation.</p>	<p>Associated with this statement are the following programs.</p> <ul style="list-style-type: none"> The Aboriginal and Torres Strait Islander Cultural Awareness Training Program was designed to assist staff to provide more culturally appropriate health services through an understanding of Aboriginal and Torres Strait Islander peoples' history and culture. All staff are expected to complete this training. QLD Health's Reconciliation Learning Circle Program supports a state-wide network of trained facilitators. At least 600 QLD Health staff will have completed the program by June 2002. 	QLD

Program	Outputs/Outcomes	
QLD Health has developed an Aboriginal and Torres Strait Islander Strategic Policy Framework to address chronic disease among Aboriginal and Torres Strait Islander peoples.	This builds on earlier national and State Indigenous health policies, including the QLD Health Aboriginal and Torres Strait Islander Health Policy of 1994.	QLD
QLD Health's Northern, Central and Southern Zones have developed zonal Aboriginal and Torres Strait Islander Peoples Health plans that recognise both the disadvantages and the diversity of the Aboriginal and Torres Strait Islander populations within their jurisdictions.	Key features of the plans include: <ul style="list-style-type: none"> tailoring service delivery to the needs of the local population; commitment to quality and equity; and collaboration with key stakeholders, including Indigenous organisations and communities. 	QLD
The Department of Human Services is committed to the development and implementation of both the Aboriginal Cross-Cultural Policy and the Anti-Racism Policy . It is taking a leadership role in the process of reconciliation between Aboriginal and other Australians and has affirmed that it will work towards achieving the vision set out by the Council for Aboriginal Reconciliation.	The Department's own Statement of Reconciliation recognises Aboriginal people as the first Australians 'with a unique culture and spiritual relationship to the land and seas' and has committed itself to 'improving the cultural, spiritual, health, emotional and economic well-being of Indigenous people in this State'.	SA
Key initiatives to improve the health and well-being of Aboriginal and Torres Strait Islanders in SA are being implemented in a wide variety of human service areas. The Department of Human Service's Country and Disability Division has responsibility for planning and evaluating rural services across the health, housing, family and youth services, disability and ageing sectors. Improved health and well-being outcomes for Aboriginal people comprise one of the four key directions which underpin service planning and policy within rural and remote sectors in the Country and Disability Services Division of the Department of Human Services.	Initiatives undertaken by the Department include: <ul style="list-style-type: none"> the State Aboriginal Renal Summit at which participants identified principles for future strategic development of culturally accessible services; the development of a proposal for culturally appropriate 'step down' medical facilities in Ceduna and Adelaide; Health Service Agreements including mandatory provisions regarding Aboriginal health; consultations to inform development of a Substance Abuse Strategy; funding of the Mobile Assistance Program; development of Aboriginal Health Advisory Committees which support health boards in each health region; and organisation of an Aboriginal Health Expo 'Your Health, Your Life'. 	SA
The WA Aboriginal Health Strategy was developed by the WA Joint Planning Forum. The Forum comprises representatives from the Commonwealth Department of Health and Aged Care, State Department of Health; ATSIC and the WA Aboriginal Community Controlled Health Organisation.	In February 2000 the Strategy was formally adopted as the Forum shared agenda for improving the health status of Aboriginal Western Australians. WA State Cabinet endorsed the Strategy on 6 November 2000.	WA

Program	Outputs/Outcomes	
The National Aboriginal Health Strategy underpins the work of the Office of Aboriginal Health and played a major part in the development of six WA Regional Aboriginal Health Plans and the WA Aboriginal Health Strategy.		WA
The NT Aboriginal Health Policy 1996 provides a framework for an intersectoral approach to health problems and transferring control of health services to Aboriginal communities.		NT
In 1999 the Commonwealth Department of Health and Aged Care through the Office of Aboriginal and Torres Strait Islander Health, allocated new funding for Aboriginal health under the Primary Health Care Access Program . The Program is an agenda of health reform for Aboriginal primary health care and in the NT has become synonymous with 'Health Zones'.	Through an extensive research and planning process, Health Zones have been promoted throughout the NT, 10 in the Top End and 11 in Central Australia. Similar to the Coordinated Trials which preceded them, each Health Zone will have an elected Board of Management that will manage pooled Commonwealth and NT Health funding. This program will have a staged implementation, with five Health Zones in Central Australia identified as highest priority.	NT
As outlined in the Overview, the ACT has developed a local Aboriginal and Torres Strait Islander Regional Health Plan to cover the years 2000–2004.	The Regional Health Plan includes an implementation strategy and is in its first year of implementation.	ACT
The NT Aboriginal Public Health Strategy guides the implementation of public health aspects of the NT Aboriginal Health Policy.		NT

2.3 Implementation of national and State/Territory recommendations

Consider the implementation of the recommendations of National, State and Territory reports on improving the health and well-being of Aboriginal and Torres Strait Islander peoples. These include:

- The Royal Commission into Aboriginal Deaths in Custody;*
- Bringing them Home, a report on the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families; and*
- Ways Forward, the report on the National Consultancy on Aboriginal and Torres Strait Islander Mental Health.*

Program	Outputs/Outcomes	
The ACT Government has an across-government approach to the implementation of the recommendations of the Royal Commission into Aboriginal Deaths in Custody and the Bringing Them Home report.	Reports on progress of implementation of recommendations are publicly available so that the community is kept informed of the Government's approach and progress against the Government's commitment.	ACT

Royal Commission into Aboriginal Deaths in Custody

Program	Outputs/Outcomes	
The Regional Aboriginal Justice Advisory Committee (Grampians Region) is developing Regional Plans that identify the justice issues impacting on the Aboriginal Community.	The Committee is monitoring and reporting on the implementations of the Royal Commission recommendations on a regional basis.	VIC
Indigenous Drug Programs have been established to address the Royal Commission's recommendations.	A women's sobriety group was established in Morwell. This has now changed into catering business activity.	VIC
QLD Health is in the process of implementing recommendations from the Royal Commission into Aboriginal Deaths in Custody . It also supports implementation of recommendations by other State government agencies.	QLD Health completes an annual report on progress in implementing recommendations.	QLD
The Lungtalanana Young Offenders' Program was established in 2000 as an alternative form of detention for Aboriginal and Torres Strait Islander juvenile detainees. The Program involves the detainees in traditional activities in a non-lockup setting.	The Program is currently being evaluated to determine the extent to which it addresses the intent of Recommendation 62 of the Royal Commission into Aboriginal Deaths in Custody.	TAS

Bringing them Home

Program	Outputs/Outcomes	
The Aboriginal and Torres Strait Islander Emotional and Social Well-Being (Mental Health) Action Plan was launched in 1996 as part of the Government's response to the <i>Bringing Them Home</i> report.	16 Emotional and Social Well-Being Regional Training Centres have been established in regional areas to provide specialist, culturally appropriate mental health training and service delivery. 60 counselling positions have been filled (and funding approved for a further 40 positions) to provide personal support for individuals, families and communities affected by past policies of the forced removal of children. The Evaluation of the Emotional and Social Well-Being Action Plan has been completed.	CW
Stolen Generations Counsellor (Grampians Region) provides counselling services for Aboriginal people residing in the Grampians.		VIC
Stolen Generation Support Project Worker (Gippsland Region) Program aims to provide stolen generation support and linkages to mechanisms that assist clients into services such as Link Up and intensive counselling.		VIC

Program	Outputs/Outcomes	
Aboriginal Family Preservation Project (Gippsland Region) aims to reduce the impact upon families that come to the attention of the statutory child protection system and to facilitate the return of young people with the overriding objective of assisting families with intensive support.	Recognised as state-wide best practice model. The number of renotifications of clients in this service has been reduced.	VIC
The Family Group Conferencing Initiative , Rumbalara Aboriginal Cooperative (Hume Region) is designed to avoid separation of children from families where protective concerns have been raised.		VIC
QLD Health is establishing District Indigenous Social and Emotional Well-Being Networks . These include Indigenous mental health workers, Life Promotion Officers, sexual health workers, ATODS workers, general health workers, the Bringing Them Home Counsellors, the Social and Emotional Well-Being Centres, the Indigenous Healing Centres, and Indigenous workers from other government and non-government sectors.	The networks will develop a response to Indigenous social and emotional well-being issues.	QLD
The Building Solid Families Program is a major joint response to the issues raised by the <i>Bringing Them Home</i> report. This initiative recognises that the standard Link Up service model was not appropriate to address WA-specific factors, including the size of the area to be serviced, geographic isolation and evidence that forced separation and its consequences were having an inter-generational impact on Aboriginal people, particularly on young people at risk of self-harm.	The Department of Health, Department of Community Development, Indigenous Affairs Department, and the Aboriginal and Torres Strait Islander Commission developed a strategy to address these complex needs on a regional basis. Seven regional services have been established using 12 Aboriginal community-controlled service providers. These services complement and extend existing and planned related services such as counselling services funded by the State and the Commonwealth.	WA

Other State/Territory and national reports

Program	Outputs/Outcomes	
Maternal and Child Health Service Participation Rates	This data identifies higher numbers of Koori children than perinatal or birth registration data.	VIC
Participation Rates of Koori Children in Preschools	The number of Koori children participating in preschool programs has increased over the past two years.	VIC
Support Service offered to Koori young people (Gippsland Region) provides culturally relevant case management plans for youth on orders.	Youth Focussed After Hours Programs have been established.	VIC

Program	Outputs/Outcomes	
Aboriginal Community Plan Strategic Directions 2000–2002 and Aboriginal Community Plan Strategic Directions 2002–2005 (Loddon Mallee Region)	The Regional Plan contains action areas which include reference to other National and State reports.	VIC
Towards an Aboriginal Services Plan (Grampians Region)		VIC
Purro Birik Discussion Paper and Strategic Plan addresses partnerships, training, capacity building and collaboration between funding bodies and the Victorian Aboriginal Community Controlled Health Organisation.		VIC
Barwon South Western Region Koori Mental Health Program		VIC
Support is provided to the Victorian Indigenous Committee for Aged Care and Disability (VICACD) and regional networks of Aboriginal Home and Community Care agencies to develop and/or participate in Commonwealth and Victorian health initiatives.	VICACD and regional networks are used as forums for coordination with Department of Human Services programs. VICACD and network members contribute to development of Aboriginal training and information resources. Strategies are being developed to address health issues.	VIC
Aboriginal Identification Project	See case study below.	WA

Improving the recording of Indigenous status in Western Australia

- The Aboriginal Identification Project was developed to address the recommendations in the Aboriginal and Torres Strait Islander Health Information Plan, endorsed by the Australian Health Ministers' Advisory Council in 1997. The project aimed to evaluate the quality of the Indigenous identifier in the WA hospital morbidity database.
- Findings based on information collected from more than 10,000 face-to-face patient interviews in 26 government hospitals throughout WA, were that the number of Aboriginal people recorded in hospital inpatient data understates the actual number of Aboriginal and Torres Strait Islander people admitted as patients.
- The study developed a correction factor to account for the underestimate of Aboriginal and Torres Strait Islander people and identified areas where training and promotional activities need to be undertaken to improve the recording of Indigenous status.

Program	Outputs/Outcomes	
Many initiatives undertaken by Mental Health Services are focussed on making services more culturally appropriate for Aboriginal people living in rural and remote areas. Aboriginal people and health workers support the view that health promotion cannot be separated from the treatment process, but are two elements of a holistic approach to health and service delivery.	This is consistent with approaches advocated in the National Aboriginal Health Strategy, <i>Ways Forward</i> and <i>Healthy Horizons</i> .	NT

2.4 Community development of local strategies

Support the development of local health improvement strategies by Aboriginal and Torres Strait Islander communities themselves

Program	Outputs/Outcomes	
Provision of primary health care services .	At least 190 organisations provide and/or purchase primary health care and substance misuse services.	CW
Army/ ATSI Community Assistance Program aims to improve essential services in remote communities (water, sewerage, power systems, roads, airstrips, community housing).	Following \$10m provided for the pilot program in the 1996–97 budget, the Commonwealth has committed \$40m over six years from 1999–00 for the second stage of the Program (\$20m through Department of Health and Ageing, and \$20m from ATSI). To date, 13 communities in the NT, SA, WA and QLD have benefited.	CW
The Remote Communities Initiative aims to improve access to primary health care services in remote Aboriginal and Torres Strait Islander communities.	44 sites in WA, SA, QLD, NSW and NT have been approved. Four more sites have been allocated in the Top End of the NT.	CW
Local Service Delivery Plans (Loddon Mallee Region) reflect priorities in each community and action to be taken to implement objectives.		VIC
A Health Outcomes Agreement has been established between Rumbalara Aboriginal cooperative and Goulburn Valley Health Service for 2001–2005 (Hume Region).	The Agreement aims to achieve: <ul style="list-style-type: none"> • improved access by Koori communities to mainstream health services; • improved understanding of local Koori health status; and • improved access. 	VIC
A Partnership agreement has been established between Mungabareena Aboriginal Corporation and Wodonga Health Service (Hume Region).		VIC
Koori Services Improvement Strategy (Barwon South Western Region)	An Aboriginal Planning officer will be appointed to support the five communities in developing community plans to inform regional Aboriginal Services Plan.	VIC
Better Health Channel Public Access Terminals have been installed in two Koori centres in Victoria to facilitate access to health information on the Better Health Channel as well as allowing broader Internet access.	Koori clients are encouraged to use the centres to access information. See box below.	VIC

- The **Better Health Channel** was created as part of the **Victorian** Government's commitment to reduce inequalities in health and well-being. The Better Health Channel has established itself as the pre-eminent Victorian internet site for community-orientated, quality assured health information. During its second year of operation, site usage increased steadily to 2,000,000 hits per month. Features on the site are continually being enhanced and expanded in response to user feedback and newly identified needs. Quality improvement continues to be a priority for the Better Health Channel.
- In the past year, the local health services directory has been upgraded to include 25,000 services and health practitioners. There is a trial involving 130 public access terminals placed in health settings across the State, which will be evaluated in 2001–02.
- The Better Health Terminals and Website address several Healthy Horizons goals including those relating to establishing partnerships, skills development for health professionals and provision of accessible health information to rural communities.

Program	Outputs/Outcomes	
<p>Collaborative projects with Indigenous communities have included development of a Community Child Health Action Plan (Hopevale Child Health Project 2000–2002) and projects to support people in taking greater responsibility for conditions affecting the health of families (Family Well-Being Empowerment Project) and men (Yarrabah Men's Group Participatory Action Research Project).</p>		QLD
<p>Accommodation and integrated service needs of transient and homeless Aboriginal communities in Ceduna and Coober Pedy are being addressed after extensive consultation with residents and local service providers.</p> <p>Efforts are being made to minimise the impact of alcohol and provide for basic needs (shelter, water, food and safety).</p> <p>Efforts are also being made to address Aboriginal children's poor school attendance as a result of hunger and other social problems exacerbated by alcohol use within the local community.</p>	<p>A strategy has been developed and culturally appropriate accommodation and habitat for residents and transient Anangu people is being established.</p> <p>An Aboriginal Community Development and Liaison Officer has been appointed to assist with integrated service planning and implementation of recommendations stemming from the community-consultation process.</p> <p>The need for a safety house for vulnerable Aboriginal women, children and frail aged people is being assessed.</p>	SA
<p>The Office of Aboriginal Health supports Aboriginal self-determination through primarily purchasing health services from Aboriginal community controlled health organisations (ACCHOs).</p> <p>A significant element of contract negotiation involves working with the ACCHOs to determine the optimum method of service delivery. Allowing the ACCHOs flexibility and encouraging innovation at the local level has resulted in local solutions to local problems within a broader priority framework.</p>	<p>In 2000–2001 90% of the Office of Aboriginal Health non-government organisations contracts were with ACCHOs and totalled over \$17m.</p>	WA

Program	Outputs/Outcomes	
<p>The Office of Aboriginal Health policy of Improving the Health Workforce is aimed at increasing the number and skill levels of Aboriginal people in the health industry to encourage greater Aboriginal involvement in health improvement strategies.</p> <p>The Office of Aboriginal Health also funds scholarships and training support.</p> <p>See Goal 5.3.</p>	<p>The policy is implemented through specific innovative programs such as the Aboriginal Family Futures Program and the WA Aboriginal Coordinated Care Trial both with high numbers of Aboriginal health workers.</p>	WA
<p>Aboriginal Health Promotion Incentive Funds are available for community-initiated projects that address local health issues, including nutrition and environmental health. A total of \$50,000 is available and 27 projects were funded in 2000-01. Aboriginal Health Promotion Officers support the processes in remote Aboriginal communities. The impact of this initiative is currently being evaluated.</p>	<p>Each year, \$50 000 is made available. In the last 12 months, 26 projects have been funded under this fund and another 18 non-funded health promotion projects have been supported by Health Promotion staff.</p>	NT

2.5 Partnerships

Establish partnerships between Aboriginal and Torres Strait Islander peoples, their representatives and government and non-government agencies which continue to review all activities and procedures to ensure optimal physical and cultural access for Aboriginal and Torres Strait Islander peoples

- The **Aboriginal and Torres Strait Islander Health Framework Agreements** have been developed in each jurisdiction between the Commonwealth, State and Territory governments, the Aboriginal and Torres Strait Islander Commission (ATSIC), and the Aboriginal and Torres Strait Islander community controlled health organisations. The Agreements commit signatories to allocation of resources to reflect the level of need; joint planning; access to both mainstream and Aboriginal and Torres Strait Islander specific health and health-related services; and improved data collection and evaluation.
- With the exception of the Agreement with the Torres Strait Islander Regional Authority, all Agreements expired on 30 June 2000. In August 1999, Health Ministers agreed that Agreements should be extended for a further three years. New agreements have been signed by all parties in the Northern Territory (May 2001) and South Australia (August 2001). A priority for 2002–03 will be to ensure that those States/Territories who had not yet re-signed, do so.
- Under the Framework Agreements, regional planning forums have been established in each jurisdiction to develop regional plans. These aim to identify Indigenous health needs and priorities, and gaps in current service provision within the context of a comprehensive primary health care model. Regional plans have been completed in all jurisdictions except Tasmania.

Program	Outputs/Outcomes	
<p>In 1995, the NSW Aboriginal Health Partnership was formed between the NSW Aboriginal Health and Medical Research Council and NSW Health. A strengthened Partnership Agreement was signed in May 2001 following a review of the Agreement.</p> <p>The Agreement provides a framework for decision-making at State and Area levels that aims to ensure that planning of policies and initiatives targeting Aboriginal people are informed by Aboriginal Community Controlled Health Services.</p> <p>See also below.</p>	<p>The Partnership Agreement has reached agreed positions on a substantial body of policy and strategy documents and state-wide service delivery initiatives including:</p> <ul style="list-style-type: none"> • <i>Ensuring Progress in Aboriginal Health: a Policy for the NSW Health System</i>; and • development of local Aboriginal Health Plans between Aboriginal Community Controlled Health Services and Area Health Services. <p>Outcomes at the local level are broad and diverse, with a strong emphasis on service delivery.</p>	NSW
<p>Under the NSW Aboriginal Health Partnership Agreement, each Area Health Service is required to establish a Partnership Agreement with each Aboriginal Community Controlled Health Service (ACCHS) in the Area, to put into practice the strategic directions established by <i>Ensuring Progress in Aboriginal Health: a Policy for the NSW Health System</i> and the NSW Aboriginal Health Strategic Plan.</p>	<p>Under the Strategic Plan, each Area Health Service is required to annually develop and implement a minimum of one collaborative initiative through their local Partnership. A number of Area Health Services have also established local Partnership Agreements to formalise the input of a range of other stakeholders (eg the Division of GPs).</p>	NSW
<p>Partnerships in mental health with Aboriginal Communities in NSW are being enhanced through allocation of Commonwealth funding. At a regional level, partnership agreements are being progressively signed between local Area Health Services and Aboriginal Community Controlled Health Organisations in their local area.</p>	<p>Commonwealth funding has been allocated to six Area Health Services.</p>	NSW
<p>Koori Services Improvement Strategy (Barwon South Western and Grampians Region)</p>		VIC
<p>Partnerships between Koori Communities and the wider Human Services sector (Hume Region).</p>		VIC
<p>Liaison and consultation between Aboriginal Home and Community Care agencies, Commonwealth and the Department of Human Services is through the Victorian Indigenous Committee for Aged Care and Disability (VICACD), with representation from four regional networks.</p>	<p>VICACD representatives were selected to represent Victoria on the Home and Community Care National Aboriginal and Torres Strait Islander Reference Group. VICACD representative selected for Ministerial Advisory Council of Senior Victorians</p> <p>Regional networks and VICACD were consulted in identification of priorities to support Koori access to Home and Community Care services.</p>	VIC

Program	Outputs/Outcomes	VIC
<p>Improving service equity and access to meet the needs of Koori people with a disability.</p>	<p>Establishment of a Koori Disability Liaison worker within the Koori community.</p> <p>Implementation of a Koori culturally sensitive information strategy.</p> <p>Development and implementation of cross-cultural awareness training.</p> <p>Investigation of the development of data collection systems and strategies to more accurately assess current and potential demand for disability services by the Koori community.</p> <p>Instigation of inter-Divisional initiatives aimed at supporting and strengthening Koori families and communities caring for people with disabilities.</p>	VIC
<p>The QLD Aboriginal and Torres Strait Islander Health Partnership includes the Commonwealth Department of Health and Ageing, QLD Health, the QLD Aboriginal and Islander Health Forum and the Aboriginal and Torres Strait Islander Commission.</p>	<p>The 1996–2000 Agreement on QLD Aboriginal and Torres Strait Islander Health aims to improve the health status and well-being of Aboriginal and Torres Strait Islander peoples to a level equal with the wider Australian community. A new agreement is being finalised.</p>	QLD
<p>The QLD Aboriginal and Torres Strait Health Alliance promotes joint working relationships between key stakeholders in Aboriginal and Torres Strait Islander Health:</p> <ul style="list-style-type: none"> • QLD Aboriginal and Islander Health Forum; • Royal College of General Practitioners, QLD; • the QLD Rural Medical Support Agency; • the QLD Divisions of General Practice Association; • the Mt Isa Centre for Rural and Remote Health; • the Commonwealth Department of Health and Ageing; • the Australian Medical Association; • the QLD Rural Doctors Association; and • QLD Health. 	<p>The Alliance adopts collaborative arrangements aimed at improving Indigenous health outcomes. These arrangements include the identification of needs, planning, resource allocation, monitoring and evaluation of services and programs. The Alliance addresses issues of duplication and works towards identifying and addressing gaps in policy, program and service delivery areas related to the roles and functions of Alliance members.</p>	QLD

Program	Outputs/Outcomes	
<p>Cape York Partnerships is the State Government's commitment to the future of the Indigenous people of Cape York.</p>	<p>The goals of the Cape York Partnerships include:</p> <ul style="list-style-type: none"> • to form partnerships between the State Government and the Indigenous people of Cape York; • to work with families and communities to overcome the disadvantaged position of Indigenous people; • to narrow the 20-year gap in life expectancy between the Indigenous people of Cape York and the wider community; and • to achieve better health through partnerships between communities and government agencies. 	QLD
<p>Partnership Agreements are providing opportunities for greater coordination, collaboration and communication of various committees, health boards and services locally and across the region.</p>	<p>These agreements develop and improve relationships for a better understanding of the health needs of local Indigenous people and feature the provision of direct services to local Aboriginal controlled communities.</p>	SA
<p>The 1996 Bilateral Framework Agreement between the Commonwealth and WA governments led to the establishment of the WA Joint Planning Forum (JPF). Membership of the JPF includes representatives from the Commonwealth Department of Health and Aged Care, State Department of Health; ATSIC and the WA Aboriginal Community Controlled Health Organisation.</p>	<p>Intended to be a high level strategic planning body, the JPF commissioned the production of six Regional Aboriginal Health Plans for the six regions of the State and oversaw the development of the WA Aboriginal Health Strategy.</p>	WA
<p>The six WA Regional Aboriginal Health Plans were developed by Regional Planning Teams in a community-based, community-driven process.</p>	<p>Notable gains achieved were:</p> <ul style="list-style-type: none"> • increased Aboriginal involvement and cooperation with local health services; • a high level of ownership at the local level; and • a high degree of relevance. 	WA
<p>Housing Tasmania has employed an Aboriginal Housing Manager to facilitate the transfer of management of the Aboriginal Rental Housing Program properties to the Aboriginal Community.</p>	<p>Improved involvement and self-management of Aboriginal housing programs by the aboriginal community.</p>	TAS
<p>The TAS General Practice Division has begun consultations with the TAS Aboriginal Centre, and rural doctors are undertaking cross-cultural training.</p>	<p>Improved health status through better communication and appropriate utilisation of GP services by aboriginal people.</p>	TAS

Program	Outputs/Outcomes
An Northern Territory Aboriginal Health Forum has been established. This includes representatives from the Aboriginal Medical Services Alliance of the NT, the NT Department of Health and Community Services, the Commonwealth Department of Health and Aged Care through its Office of Aboriginal and Torres Strait Islander Health, and ATSIC at the Territory level.	NT

Katherine West Health Board Aboriginal Corporation, Northern Territory

- The Katherine West Health Board is an example of a service delivery model arising from the Aboriginal and Torres Strait Islander Coordinated Care Trials. These trials were set up to develop and assess innovative service delivery and funding arrangements based on community and individual care coordination through pooling of funds from State and Commonwealth agencies.
- Important aspects of the Katherine West Trial have included local community involvement and planning to identify priority population health needs within each community and integration of health services.
- Using this approach, the Katherine West Health Board has made significant improvements in health services in the region, including resident doctors employed for the first time, additional nursing staff and Aboriginal health workers, a mobile primary care unit, women's health and alcohol and drug services purchased from Territory Health Services, and an expansion of environmental health and nutrition programs. Health service delivery has been improved by care planning and by new expert guidelines for the management of chronic illness and for early detection in adult and child health that are supported by a new information technology system.

Program	Outputs/Outcomes
The ACT Aboriginal and Torres Strait Islander Health Forum is the major vehicle for planning and provision of services to Indigenous peoples in the local area. The Department of Health and Community Care is a member of this forum, and is committed to joint planning and inclusive policy development.	The Forum will continue to be involved in identifying priorities for health service provision to Indigenous peoples within the framework of the Regional Health Plan.
The ACT Government participates in the Moving Over Boundaries Aboriginal Regional Health Partnership . The committee has a strong focus on Indigenous participation in planning and policy development.	The Partnership is due to be reviewed in October 2002.
Healthy City Canberra facilitates partnerships between the government, private and community sectors to improve health and quality of life in the ACT.	One of the four target groups of the Program is Aboriginal and Torres Strait Islander peoples.

Program	Outputs/Outcomes	
The ACT Government convenes a range of consultative bodies which include the Aboriginal and Torres Strait Islander Consultative Council; the Aboriginal Justice Advisory Committee; and the Indigenous Education Consultative Body.		ACT

2.6 Collaboration between all levels of government

Ensure that all levels of government collaborate to adequately resource health and community services to address the needs of Aboriginal and Torres Strait Islander peoples

- The **Commonwealth Primary Health Care Access Program** aims to establish a framework for coordinated expansion of comprehensive primary health care based on pools funding between Commonwealth and State/Territory Governments. This builds on the approach taken in the Aboriginal and Torres Strait Islander Coordinated Care Trials conducted between 1997 and 1999 (see case study above).
- The Program is being implemented in close cooperation with the Aboriginal health forums in the States and Territories and has involved the Aboriginal community controlled sector, the Aboriginal and Torres Strait Islander Commission, the State or Territory government and the Commonwealth working together to develop effective implementation strategies for each jurisdiction.
- Through the Program, the Commonwealth is contributing additional funds to begin meeting the health needs identified in regional plans. The Program covers mainstream and Indigenous-specific health services, with funding coming from both these sources.
- The Program has a particular focus on primary health care and has three objectives:
 - increase the availability of appropriate primary health care services where they are currently inadequate;
 - reform the local health system to better meet the needs of Indigenous people; and
 - enable individuals and communities to take greater responsibility for their own health.
- The NT and SA are in the process of implementing the expansion of primary health care services in priority sites. Other jurisdictions are currently negotiating their involvement.

Program	Outputs/Outcomes	
Section 100 — Access to Pharmaceuticals provides medicines for clients of remote area Aboriginal Health Services free of charge at the time of medical consultation.	Improved access to medicines has followed agreements between the Commonwealth Government and all States/Territories with remote area services, except WA (expected by 1 July 2002).	CW
Koori Community Aged Care Package Initiative provides support to the Rumbalara Aboriginal Cooperative by delivering 20 Packages to Aboriginal elders in the Hume Region.	Sharing of experience and knowledge between Aboriginal providers of Packages in Melbourne and rural regions Links have been established with relevant officers from the Commonwealth Department of Health and Ageing.	VIC
Aboriginal Reference Group (Loddon Mallee Region)		VIC

Program	Outputs/Outcomes	
Rumbalara Medical Clinic (Hume Region) is jointly funded by the Commonwealth and the State.	The Clinic provides a comprehensive Primary Health service including GPs.	VIC
QLD Health participates in the QLD Government Aboriginal and Torres Strait Islander 10-Year Partnership .	The Partnership has developed agreements and action plans with other State Government agencies under the leadership of the Department of Aboriginal and Torres Strait Islander Policy to address service delivery issues, Reconciliation and family violence.	QLD
Working within the tri-partite SA Aboriginal Health Partnership , which includes the Department of Human Services, the Commonwealth and the Aboriginal Health Council, the Department has furthered a number of initiatives that aim to address inequalities in life expectancy and unacceptable levels of illness and early death.	See under Goal 2.1.	SA
The Aboriginal Environmental Health Program continues to provide much needed services to Aboriginal communities across the State. The participation of local governments in the program has been particularly valuable, enabling a greater degree of compliance with recognised environmental health standards.	Contracts from the Office of Aboriginal Health have enabled Local Governments to employ Environmental Health Officers who are dedicated to providing services to Aboriginal communities and Aboriginal Field Support Officers who assist with both hands-on services and regional co-ordination. Aboriginal Field Support Officers are supported by community-based Aboriginal environmental health workers. Funding has been provided by the Commonwealth Department of Health and Ageing, the WA Inter-Government Working Group and NT Health Services to develop a promotional video to inform and enlist the support of communities and agencies.	WA
The WA Aboriginal Coordinated Care Trial continued at two sites in WA (Perth and Bunbury). The current trial has entered a hold-and-maintain phase which will continue the successful cooperation between the Aboriginal community, government and private health service providers in coordinating the care of the clients enrolled in the trial.	<p>A design proposal has been submitted to the Commonwealth Department of Health and Ageing for a further three-year trial.</p> <p>A formal evaluation of the trials has identified achievements including:</p> <ul style="list-style-type: none"> • effective case management for clients and improved service cooperation; • improved data collection; • more accurate estimates of the cost of providing health services; and • increased health services to match the increased demand at in-patient, out-patient and community levels. <p>As a result of the trial, 30% of enrolled clients were newly enrolled in Medicare.</p>	WA

Program	Outputs/Outcomes	TAS
<p>The Office of Aboriginal and Torres Strait Islander Health, in collaboration with the State Government, Aboriginal and Torres Strait Islander Council, Flinders Island Council and the local community, funded the construction of a new community health centre on Cape Barren Island (residents of the island are predominantly Aboriginal and Torres Strait Islander peoples).</p>	<p>Improved access to health services, leading to improved health status of the community.</p>	

Changing approaches to improve data collection

- Initiatives are in place to improve the quality of data collection on Aboriginal and Torres Strait Islander peoples' health. This will occur in collaboration with State and Territory governments, other Commonwealth agencies and the community controlled sector.
- Activities related to collecting and improving data quality will focus on:
 - reporting on the National Aboriginal and Torres Strait Islander Health Performance Indicators (see Australian Institute of Health and Welfare on page 111);
 - analysing information from the Service Activity Reporting data collection and Drug and Alcohol Service Report;
 - working with the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to improve the quality of data on Indigenous peoples; and
 - introducing an identifier of Indigenous status on the Medicare Benefits Scheme.
- In relation to research to improve the evidence base, activities will include:
 - finalising the Research Agenda Working Group's Road Map, a strategic framework for Indigenous health research;
 - commencing funding for research identified in the Road Map;
 - progressing the outcomes of a Mapping Indigenous Risk forum to position research gaps within a broader research agenda; and
 - researching patterns and preferences of primary health care use by mainland Torres Strait Islander people to inform action necessary to address health access issues.

GOAL 3 Undertake research and provide better information to rural, regional and remote Australians

Overview

Commonwealth

Commonwealth activity is aimed at:

- providing an evidence base for improved health care and for policy development through the work of:
 - the [Strategic Research Development Committee](#) of the NHMRC;
 - the [Research Agenda Working Group](#) (a joint committee of Strategic Research Development Committee and the Office of Aboriginal and Torres Strait Islander Health), which will develop and implement evidence-based mechanisms for the priority setting of research activity between different health issues and types of research in Aboriginal and Torres Strait Islander health;
 - the [AHMAC Priority Driven Research Program](#), which has identified rural and remote health as a priority area, resulting in approximately \$1.7 million being allocated to projects in NT, QLD, WA and SA; and
 - the [Australian Rural Health Education Network](#), which is to be formed to include Directors of all university departments of rural health. A key function of the Network will be to coordinate research activities undertaken by individual departments.
- increasing the capacity of health professionals to undertake clinical research through: the Primary Health Care research, Evaluation and Development strategy; and the [Rural Health Support, Education and Training](#) program.
- improving data through [Australian Institute of Health and Welfare](#), which is to report on the health status of rural Australians in mid 2002; and the Women's Health Australia study.

Dissemination of research findings is primarily through a range of websites including the Australian Institute of Health and Welfare, NHMRC, HealthInsite and the Office of Rural Health websites as well as in publications.

The Commonwealth's future work will include data collection and analysis on workforce issues; stronger links between research and policy issues; and encouraging rural health professionals to undertake clinical research.

New South Wales

NSW Health is currently the chair of the [State Commonwealth Research Issues Forum](#). The Forum was established by the Australian Health Ministers Advisory Council, which identified research into improved service delivery systems for rural and remote populations as one of four areas under its Priority Driven Research Program.

NSW Health is in the process of identifying the broad needs for teaching and research requirements across NSW. The [Teaching and Research Implementation Coordination Group](#) was formed under the NSW Government's Action Plan for Health. The Group has worked with the [Rural Health Implementation Coordination Group](#) to identify research priorities for

future investigation. These priorities will then be refined to determine future research priorities for NSW.

In addition, the [NSW Health Infrastructure Grants Program](#) funds a number of rural-based public health research organisations which have the objective to promote rural research. NSW Health uses the 67 NSW [Rural Health Councils](#) to provide a valuable forum to ensure that Area Health Services and the Department collect and disseminate information to rural, regional and remote NSW communities in relation to health promotion, health service planning, policy development and research.

Victoria

Achievements of the Department of Human Services in working towards this goal include:

- development of a quality approach to rural health research and development that reflects the research development needs of rural communities, health services and health professionals;
- providing a better understanding of health profile and needs of rural populations;
- analysis of the key features of effective rural nursing models identifying strategies to support the recruitment, retention and sustainability of a viable rural nursing workforce;
- Rural Health Web Consortium managing the [Rural Health WebRing](#) — a collection of State, national and international websites that focus on rural health issues;
- [Rural and Remote — The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy](#), which provides health care professionals with access to knowledge and expertise in the area of rural health via the Internet;
- electronic database of information relating to health services, health status and other health related indicators for communities across rural Victoria; and
- [Clinical Risk Management Videos](#) distributed to CEOs and Boards of Management of small rural hospitals to achieve more effective clinical risk management.

Queensland

Through the [Rural Research Register](#) project, Queensland Health has provided comprehensive information on rural research undertaken in the last 10 years to the National Medical Health and Research Council. It has also produced *Health Indicators for Queensland: 2001*, a series of reports that summarise the health status of populations in 14 areas (including rural and remote regions) of the Southern, Central and Northern zones.

Queensland Health has also conducted a number of important studies identifying health issues in rural and remote Queensland and assessing the effectiveness of health service interventions. Examples of these are:

- a cross-sectional survey of the costs and availability of basic food items;
- an analysis of data from the population-based Queensland Cancer Registry; and
- a randomised trial on diabetes management conducted by the Tropical Public Health Unit Network.

South Australia

The South Australian Department of Human Services has developed a [Research and Evaluation Framework](#). This Framework promotes the importance of research and evaluation as evidence in policy development, service planning and delivery. It aims to foster a

coordinated strategy for planning and implementing research/ evaluation initiatives across the portfolio which aim to support the different aspects of departmental planning and service delivery. More specifically, with the assistance of the [National Health Development Fund](#), regional areas are being targeted to ensure: a better integration of health services; reduced duplication of client information; improved exchange of information; improved planning and service provision for Aboriginal people; and greater efficiency of the management of health services.

Key achievements under Goal 3 have included:

- a survey into gambling patterns of South Australians and associated health indicators;
- an older persons' survey;
- research into interpersonal violence and mental health;
- examination of rural women's health issues;
- information on primary health care principles and strategies;
- support and development of regional telehealth initiatives; and
- development of [Health SA website](#).

Western Australia

Development of health services in rural and remote areas are taking place in accordance with national priorities, tailored to meet local priority issues. [Regional Public Health Units](#) coordinate analysis of information tailored to local programs to address local priority areas.

A major source of information to support identification of local priorities is Epidemiology and Analytical Services, through an interactive web-site, by extending national measures of health and well-being to rural and remote areas through a health survey and research projects into specific health issues.

Further research on local issues is conducted by the academic sector through the [Combined Universities Centre for Rural Research](#) and specifically on Indigenous health through [Curtin University's Aboriginal Health Unit](#). The Australian Indigenous [HealthInfoNet](#) web-site maintained at Edith Cowan University provides another vehicle for dissemination of rural and remote health information.

Tasmania

In Tasmania, active collaboration between the Department of Health and Human Services and the [University Departments of Rural Health](#) is seeing a number of benefits.

Northern Territory

The vast majority of health research carried out in the Northern Territory is on Aboriginal health and the main service delivery context for this research is rural and remote regions which is where the majority of the Territory's Aboriginal population live.

This research serves not only to inform policy makers but to keep people informed of their own health problems and what they can do to improve and maintain their health.

All research into Aboriginal health problems in the Northern Territory must include community representatives to ensure that their health interests and their perspective on problems that affect their health is incorporated into the research design, definition of health problem or research question, data collection and analysis. It is also a requirement that Aboriginal people participate in research activities at all stages.

The NT participates in the National Health and Medical Research Council (NHRMC) and its sub-committees.

The Department of Health and Community Services is one of the core partners in the [Cooperative Research Centre for Aboriginal and Tropical Health](#) and in this capacity has participated in managing and conducting research which is largely concerned with the health of Aboriginal people in rural and remote areas. This group has undertaken more than 100 projects over the past three years.

The Department also supports and funds some activities of the [Centre for Remote Health](#) and the [Menzies School of Health Research](#).

Successful NT programs and initiatives including the [Preventable Chronic Disease Strategy](#), [Coordinated Care Trials](#), [Primary Health Care Access Program](#), [Life Promotion Program](#), Alcohol and Other Drugs programs have been presented at National forums and conferences.

The Department's Aged, Disability Services and Community Care Program has received funding to identify best practice in the provision of Disability Services and Home and Community Care Services in remote communities. The Northern Territory will coordinate these two separate projects which will include collating information from participating jurisdictions including NT, WA, SA, NSW and QLD.

Australian Capital Territory

The ACT Department of Health and Community Care has recently published a discussion paper on *Health and Medical Research and Development in the Australian Capital Territory*. The paper found that the ACT has a strong, wide-ranging health and medical research capability, centred mainly at the Australian National University, the University of Canberra and The Canberra Hospital, which presently houses the Canberra Clinical School of the University of Sydney.

The ACT Government invests substantially in research development in all fields of scientific endeavour and the Department of Health and Community Care is particularly committed to the enhancement of health and medical research. The Department has also identified the need to develop and implement policies that are aligned with recent national research policy statements, notably the Wills Report, the Report of the Chief Scientist and the Prime Minister's Innovation Statement.

The main arena in which the ACT Government can exert an influence on health and medical research is at The Canberra Hospital, which is home to several outstanding research groups. Through the development of a medical school for Canberra, with some facilities situated at The Canberra Hospital and through a [Memorandum of Understanding](#) between the Government, the Australian National University and the University of Canberra, the Government anticipates a significant research effort of benefit to the ACT and surrounding regions.

3.1 National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) to have a coordinating and initiating role in advancing rural health research

Program	Outputs/Outcomes	
<p>The NHMRC brings together and draws upon the resources of all components of the health system, including governments, medical practitioners, nurses and allied health professionals, researchers, teaching and research institutions, public and private program managers, service administrators, community health organisations, social health researchers and consumers.</p> <p>The Strategic Research Development Committee of the NHMRC aims to:</p> <ul style="list-style-type: none"> • improve the evidence base which underpins health interventions; and • investigate ways to translate research findings into policy and practice. 	<p>NHMRC is currently investing at least \$3m (for 2002) in research grants directed at rural, regional and remote health issues.</p> <p>For each of its five current research priorities, the Strategic Research Development Committee identifies rural health as one of the overarching considerations.</p> <p>Research grants specifically targeting the health of people living in regional Australia have been awarded over the last year in palliative care, oral health and systems of care for chronic disease.</p>	CW
<p>The Commonwealth, States and Territories have established a program under AHMAC to increase national investment in priority-driven research that will inform policy for health service delivery having application across jurisdictions. Under the AHMAC Priority Driven Research Program improved service delivery systems for rural and remote populations have been identified as a priority area.</p> <p>The Program will be implemented by the States/Commonwealth Research Issues Forum, comprised of representatives with responsibility for health and medical research within each jurisdiction.</p>	<p>Approximately \$1.7m has been invested in research specifically addressing rural and remote health services issues. These include studies on:</p> <ul style="list-style-type: none"> • chronic disease prevention and management in NT; • transmission cycles of Japanese encephalitis virus in remote far North QLD; • coronary heart disease in rural and remote SA; and • diagnosis of dermatological conditions in rural and remote WA. <p>The Forum is currently seeking in principle support from AHMAC to continue the Program for a further three years, to 2004–05.</p>	CW
<p>The Public Health Nurse Practitioner Research Project is examining the possible role of public health nurse practitioners in rural settings.</p>	<p>The Project will support:</p> <ul style="list-style-type: none"> • understanding and clarification of roles between Community, Acute and Public Health Nursing; and • better allocation of resources. 	VIC
<p>QLD Health has provided comprehensive information on rural research undertaken in the last 10 years to the National Medical Health and Research Council.</p>	<p>See overview.</p>	QLD
<p>WA represented AHMAC on the NHMRC Committee looking at rural health research.</p>	<p>WA reported to AMHAC on the trends in the past 10 years of rural health research and recommended a structure to coordinate the research effort, which was approved by AHMAC.</p>	WA

Program	Outputs/Outcomes	
A Rural Health Research Plan 2001–2003 has been developed by the State's Rural Health Research Group. It is a framework for progressing research and evaluation within clearly defined priority areas.	The Plan is being implemented.	TAS
NT input into NHRMC	The Department of Health and Community Services has a representative on NHRMC and on its subcommittees. Departmental representatives on working parties have had input into selection of priorities, resulting in a number of opportunities for research into rural health issues. Priorities include health workforce issues and health inequalities in rural populations.	NT

3.2 Health development through research

<i>Research will need to add value to health development by:</i>	
<ul style="list-style-type: none"> • <i>providing a better understanding of the health status of rural, regional, and remote Australians</i> • <i>having a strategic focus in agreed priorities</i> • <i>adding to the knowledge of rural, regional and remote health</i> • <i>not overburdening communities and health professionals</i> • <i>being culturally sensitive</i> 	

Program	Outputs/Outcomes	
Current programs with the aim of improving health through research are discussed under Goal 3.1.	See Goal 3.1.	CW
The Australian Institute of Health and Welfare is the national agency for health and welfare statistics and information. As an independent agency, the Institute works with many government and non-government bodies across the nation to generate reliable, regular and current facts and figures on the health and welfare of Australians. See also Goals 3.5 and 3.8.	A report on the health status of rural Australians and a framework for rural health information will be available in hard copy and on the Institute's website in mid-2002.	CW
Under the Primary Health Care Research, Evaluation and Development Strategy , university departments of rural health are funded to undertake research on rural health issues with the ultimate aim of improving primary health care services locally and nationally.	The Commonwealth funds research activities through core funding to the university departments of rural health. In addition, each department attracts external funding for research activities.	CW

Program	Outputs/Outcomes	
The Teaching and Research Implementation Coordination Group was formed under the NSW Government Action Plan for Health to identify broad needs for teaching and research requirements across NSW.	The Group has worked with the Clinical Implementation Groups, including the Rural Health Implementation Coordination Group to identify research priorities for future investigation. These are being refined to determine future research priorities for NSW. A recent summary of the work and findings of the group will be made available on the NSW Health website www.health.nsw.gov.au .	NSW
The NSW Health Infrastructure Grants Program provides funding to a number of health and medical research institutes and organisations to support research activities. Funding is allocated to large independent institutes (biomedical research); medium-sized biomedical/clinical research organisations; and public health research organisations.	There are 15 public health research organisations currently funded. Approximately 20% of this funding is allocated to rural-based research organisations. See case study below.	NSW

Supporting research in rural NSW

- Funding under the New South Wales Health Infrastructure Grants Program has included support of the following public health research institutes for 1999–2002:
 - \$200,000 each year to the **Australian Centre for Agricultural Health and Safety** in Moree to support research and development action to reduce the incidence and severity of injury and illness associated with life and work in agriculture;
 - \$70,000 each year to the **Gilmore Centre for Health Improvement** in Wagga Wagga to support research into improving health and access to health care for rural and remote populations in partnership with the university sector, the health industry, rural practitioners and the community; and
 - \$70,000 each year to the **Northern Rivers Institute of Health and Research** in Lismore to undertake research in public health, health services and preventive medicine.

Program	Outputs/Outcomes	
The Small Rural Communities Project aims to enhance the ability of health services in smaller rural communities to enable them to be community leaders and facilitators.		VIC
Trial Support Tool for Urgent Care Services Project	The Community Decision Support Tool is being trailed in two rural centres.	VIC
The Rural Health Advisory Project aims to provide a central coordination point for advocacy work with rural health by developing, maintaining and strengthening communication linkages between local rural health organisations, government and non-government organisations.		VIC

Program	Outputs/Outcomes	
<p>Developing Partnerships in Rural Health identifies the needs of rural hospitals which may best be met by tertiary hospitals, opportunities to minimise rural patient travel to tertiary hospitals for follow-up care, issues of rural patients attending Melbourne tertiary hospital services and proposes a partnership model and service enhancements between rural and remote hospitals and tertiary referral hospitals to meet the identified needs.</p>		VIC
<p>Rural Health Research Development Project</p>	<p>Development of a quality approach to rural health research and development that reflects the research development needs of rural communities, health services and health professions.</p>	VIC
<p>Evaluating Alberton Community Capacity Building Project provides an evaluation of the 'Alberton Project' which aims to improve quality of life and well-being in rural communities.</p>		VIC
<p>Nurse Practitioner Study aims to analyse key features of effective rural nursing models and identify strategies to support the recruitment, retention and sustainability of a viable rural nursing workforce.</p>		VIC
<p>Evidence and Planning Tool for Healthy Eating targets families with children aged 0–15 years. It aims to contribute to understanding of healthy eating promotion strategies and provides information and a planning tool to support public health nutrition program development at the community level.</p>		VIC
<p>Environmental Health Issues Research (Loddon Mallee Region) is a joint initiative with La Trobe University.</p>		VIC
<p>Memorandum of Understanding (Loddon Mallee Region)</p>	<p>Joint research and project initiatives are being developed with La Trobe University Bendigo.</p>	VIC
<p>Australia Research Council Strategic Partnerships with Industry – Research and Training Scholarships (Grampians Region)</p>	<p>Projects under development include:</p> <ul style="list-style-type: none"> • use of information technology and evidence-based practice among rural health practitioners; and • placement of practitioners for training in small rural towns. 	VIC

Program	Outputs/Outcomes	VIC
<p>Rural Mental Health Research Units investigate prevalence of disorders, developing effective treatments and support arrangements, and investigating other mental health issues of rural significance. Units work closely with local clinical services.</p>		VIC
<p>The Connections Suicide Prevention Action Plan (Loddon Mallee Region)</p>	<p>The project has led to development of a coordinated response that:</p> <ul style="list-style-type: none"> • informs the Region's purchasing of services and the delivery of client services; • seeks to reduce the incidence of attempted and completed suicide and the resultant impacts on communities; and • supports the development of a Regional Suicide Prevention Action Plan. 	VIC
<p>Aboriginal Community Plan Strategic Directions 2000–2001 (Loddon Mallee Region)</p>	<p>The Plan provides strategic direction for the Region for the next three years.</p>	VIC
<p>The Public Health Nurse Practitioner Research Project (Hume Region) examines the possible role of public health nurse practitioners in rural settings.</p>	<p>The project will provide a better understanding of health profile and needs of Regions' population.</p>	VIC
<p>The Well Persons Health Check program was a series of coordinated adult health checks conducted across Far North QLD between 1997 and 2001. Each screen included testing for diabetes, heart disease, liver disease and sexually transmitted infections, as well as recording other measures such as food and alcohol intake, weight etc. Communities could choose whether to participate.</p>	<p>3,154 people across 26 communities were screened. Each participant, as well as each community received a detailed report on their health and individual care plans were initiated where appropriate.</p>	QLD
<p>Policy development by the Department of Human Services will be guided by research conducted by the Social and Economic Risk Context Information System.</p>	<p>The Older Persons Survey 2000 provides information relating to a wide variety of topics, which have implications for older people. This data will assist and inform planning and development of ageing policy within the Department, as well as across government and non-government sectors.</p> <p>The survey of gambling patterns of South Australians and associated health indicators will guide state-wide policy development initiatives.</p>	SA
<p>A project is being undertaken to establish a framework for planning the distribution of emergency and surgical services provided by hospitals throughout the State.</p>	<p>The framework will enable the State to strategically plan rural health service delivery and resource acquisition over the next five years.</p>	WA

Program	Outputs/Outcomes	
The Health Information Centre, Department of Health has established an epidemiological and analytical services website for use by the health industry. This development allows population health analysis by Health Services to inform their service planning decisions.	Interactive access allowing users to tailor reports to their specific information requirements, which provides the most recent complete data available from data sets compiled by Department of Health.	W/A
Research by epidemiological and analytical services into specific priority issues in health status and health service utilisation at the regional level.	Reports and journal publications.	W/A

- Western Australia has **Public Health Units** in each major regional centre with responsibility for analysis of epidemiological trends.
- Gascoyne, South West and Midwest Public Health Units have compiled regional profiles using the interactive web-site developed by Epidemiology and Analytical Services. Progress is being made towards development of a template for other Public Health Units to compile regional profiles which can be easily updated using the website.

Program	Outputs/Outcomes	
All rural Health Services ascribe to the National Health Priorities tailored to meet local priority issues. On a state-wide basis, the Department of Health produces health planning documents which represent the strategic analysis and priorities for the coming year.	Drawing on the significant background information on population health each Health Service uses that information to inform the community of pressing health issues and to provide avenues for feedback on community views.	W/A
The Genomics Branch, Department of Health is continuing to provide resources to regions through Genetic Services of WA (GSA) Outreach Clinics and updating information provided to rural areas via public health units, GPs and hospitals.	GSA outreach clinics are expanding services to include Port Hedland. Recent findings indicate those in the metropolitan area, as opposed to those in the rural area, had higher knowledge and a more positive attitude towards adequacy of information with regards to prenatal diagnosis and screening procedures.	W/A
WA provides national leadership in respect to Aboriginal health status through the work carried out at Edith Cowan University .	A database on Aboriginal health status is available on the university website: www.healthinonet.ecu.edu.au	W/A
The Department of Health and Curtin University of Technology have established Australia's first Professorship of Aboriginal Health in the Curtin University School of Public Health.	Contact WA Office of Aboriginal Health for details.	W/A
A survey to measure the health and well-being of the adult TAS population was undertaken in 1999.	Analysis of economic well-being of Tasmanians has been completed and a comparative analysis of urban and rural health is currently underway.	TAS

Program	Outputs/Outcomes	
The University Department of Rural Health (University of TAS) undertook a research project in 1999–2000 which aimed to establish the best-practice model for delivery of rural community mental health education , training and clinical services, based on primary health care principles.	The outcome of the study significantly contributed to the development of the State's Rural Mental Health Plan.	TAS

3.3 Research into factors contributing to health status

Broad level research to be conducted in order to better understand the status of rural, regional and remote health and the social, economic, environmental and political factors that contribute to health status

Program	Outputs/Outcomes	
The Health Inequalities Research Collaboration (HIRC) aims to enhance knowledge of causes of and effective responses to health inequalities, and to promote use of this evidence to reduce health inequalities. Rural health and Indigenous health are key issue areas.	HIRC networks have been established on: <ul style="list-style-type: none"> • children, youth and families; • primary health care; and • sustainable communities. The HIRC internet address is: www.hirc.health.gov.au .	CW
The Women's Health Australia study is a 20-year longitudinal survey of women's health (begun in 1996 with scheduled completion in 2016). The aim of study is explore factors (eg well-being, weight, physical activity, health behaviours, social support and health care use) that promote or reduce health in women.	Numerous publications from Women's Health Australia highlighting specific findings have been released.	CW

Different experiences of ageing for women in urban, rural and remote areas

- As part of the Commonwealth Women's Health Australia initiative, a study comparing three-year changes in health outcomes for older women living in urban, rural and remote parts of Australia was undertaken. A secondary aim was to identify the proportion of women who move to urban areas during this period and the factors associated with the change.
- The study found that:
 - perceived health access to health care decreased with increasing remoteness;
 - satisfaction with general practitioner services was significantly higher for women in capital cities and other metropolitan areas;
 - women in rural and remote areas used more community services than women in capital cities and other metropolitan areas;
 - women who moved had a greater reduction in their level of social support than women who remained in rural areas; and
 - women who remarried and moved had poorer health, had less social support, lower neighbourhood satisfaction and used fewer services — these women may constitute a group at high risk of poor longer-term health outcomes.
- Based on research by A/Prof Julie Byles and Dr Gita Mishra

Program	Outputs/Outcomes	VIC
<p>The Rural Mental Health Service Development Project conducts surveys of Rural Mental Health Services, Consumers, Carers, Primary Health Services and Youth Services on their impressions of mental health service delivery.</p>		VIC
<p>The Centre for Rural Mental Health: Profiling the Problem Project (Loddon Mallee Region) establishes the biggest baseline dataset of mental health status of rural communities in Australia surveying 20,000 people in rural and remote areas.</p>		VIC
<p>The Aspirations of People With a Disability Within an Inclusive Victorian Community Project provides a voice to the goals and aspirations of people with a disability.</p>		VIC
<p>Municipal Public Health Plans (Hume Region) will be completed for the eleven local Government areas to address population health issues unique to these areas.</p>		VIC
<p>The 2000 Healthy Food Access Basket survey was a cross-sectional survey of the costs and availability of basic food items and some more healthy food choices in QLD.</p>	<p>Costs and availability were described in terms of remoteness/accessibility as measured by Accessibility and Remoteness Index of Australia. The study found that basic healthy food, especially meat and dairy products, is more expensive in rural areas than in metropolitan areas. Availability is also a problem.</p> <p>The study identified a number of initiatives to improve access to healthy food and recommended that they be matched by strategies to promote healthy food choices in rural and remote areas.</p>	QLD
<p>The Epidemiology Services Unit conducted a descriptive analysis of data on incidence and mortality from the population-based QLD Cancer Registry for the years 1982–1996 to reveal the pattern of cancer among people living in rural and remote Indigenous communities in QLD.</p>	<p>The study found that the pattern of cancer in rural and remote Indigenous communities differed from that in the QLD population as a whole. The greatest differences were for cervical cancer, with incidence almost 5 times higher and mortality around 13 times higher than the State average. Rates of lung cancer and other smoking-related cancers were also significantly higher than the QLD average, while rates for prostate and colorectal cancer were significantly lower.</p>	QLD
<p>The Health Department of WA has completed regional health plans for the North West and South West of the State in order to address population health issues unique to these areas.</p>	<p>Contact WA Country Services for details.</p>	WA

Program	Outputs/Outcomes	
A major study has been undertaken in North West TAS, managed by the North West Division of General Practice, on the impact of unemployment on health and well-being.	Improved understanding and better targeting of services to improve health status among unemployed people.	TAS

3.4 Research into local health issues

Good quality research about local health issues to be conducted by communities and health professionals. This would ensure that studies concentrate on local health priorities and evaluate the success of local interventions

Program	Outputs/Outcomes	
The Rural Health Support, Education and Training program aims to improve access by remote and rural communities to appropriate health services through the promotion of support, education and training of rural and remote health workers.	In addition to specific research identified under Goal 3.2, the Commonwealth funds research activities through core funding to the university departments of rural health. Each department also attracts other external funding for research activities.	CW
Research into rural health is undertaken at the university departments of rural health .	See Primary Health Care Research, Evaluation and Development Strategy under Goal 3.2.	CW
Rural Health Councils have been established in all rural Area Health Services to act as a means by which local communities can be consulted on various issues and raise matters for consideration. The Councils also facilitate dissemination of information to communities. Activities of the Councils vary between Areas but include involvement in development of Area Health Plans, health promotion, health services planning, policy development and research.	Currently there are 67 rural Health Councils established across the State. Their involvement in planning processes has facilitated: <ul style="list-style-type: none"> • identification of issues which allow a broader social view of health; • development of flexible and appropriate service models which meet the communities needs; • empowerment within local communities to identify local solutions to local issues; and • collaborative action between Government, the community and no-government organisations. 	NSW
Multidisciplinary Eating Disorders Project (Barwon South Western Region)		VIC
Depression and Anxiety Research and Treatment (Barwon South Western Region) is a joint venture between Barwon Health and Geelong Division of General Practice.		VIC
Regional Nutritious Access Trolley Project (Grampians Region) aims to contribute to knowledge regarding availability, cost and quality of basic foods and contributes to an understanding of potential barriers and inhibitors to healthy eating.		VIC

Program	Outputs/Outcomes	
North East Victorian Health Promotion Council for Health Screening extends the work of the Health Promotion Council in health screening. Screening aims to enable communities and individuals to identify health problems at an early stage and to promote referrals to appropriate health professionals.		VIC
Burden of Disease Study for the Barwon South Western Region	The study has been used to inform Community Health Planning in Primary Care Partnerships.	VIC
Rural Cancer Trial Initiative	4 clinical trial data managers have been appointed. 662 patients have been enrolled over the past 3 years and there is continued monitoring of an average of 434 patients each year.	VIC
Burden of Disease Data (Hume Region)	The state-wide dataset has been used regionally to enhance understanding of the Region's health status.	VIC
Five pilot projects in rural areas are aimed at improving recruitment and retention of counsellors in Community Health Services.	See case study below.	VIC

Undertaking research to increase the availability of counsellors in rural Victoria

- The Southern Grampians and Glenelg Primary Care Partnership in collaboration with three counselling providers in the Loddon Mallee Region and the Royal Melbourne Institute of Technology is piloting a model of counselling service provision to increase the availability of qualified and specialist practitioners. A major focus of the project is to identify the skill base and range of counselling available and to sustain and build local capacity through up-skilling of staff and the provision of supervision. The second phase of the project addresses the delivery of counselling to clients through 'purchasing' flexible packages of counselling services which improve access to specialist services in the locality.
- The Lakes Entrance Community health in collaboration with five providers of community health counselling in East Gippsland, and in partnership with the Bouverie Centre La Trobe University, is piloting a project to facilitate and support the development of a professional counselling network and training program. The East Gippsland Counsellors Action Network project coordinates student placements and provides expert supervision to staff and secondary consultation for complex interventions. This initiative aims to improve coordination of counselling services in the region and strengthen the capacity, skill and professional support of existing counsellors as well as attending to issues of recruitment of new staff in the area.

Program	Outputs/Outcomes	
The Tropical Public Health Unit Network conducted a randomised, unblinded cluster trial over one year on diabetes management. The trial included primary health care staff in 21 primary health care centres in the Torres Strait and Northern Peninsula Area Health Service District, North QLD, and 678 people with diabetes, mostly Torres Strait Islanders.	<p>The intervention included a diabetes recall system established at 8 of the 21 sites, staff training in basic diabetes care, regular phone calls from the project officer, a two-monthly newsletter and a mid-project workshop.</p> <p>The intervention group showed a 32% reduction in hospital admissions for diabetes-related conditions over the study period. At follow-up, patients at intervention sites were 40% less likely to be hospitalised for a diabetes-related condition than those at control sites. A simple recall system, managed by local health care workers and supported by a diabetes outreach service, achieved significant improvements in diabetes care and reduced hospitalisations in a high-risk population.</p>	QLD

- Two major pieces of research commissioned by the **South Australian** Department of Human Services during 1998–99 have guided state-wide policy development initiatives in regard to **family and interpersonal violence** in South Australia.
- A state-wide project, *Out of Sight but Not Out of Mind*, is currently being implemented to address the mental health impact of domestic violence using a community mental health approach. This has been funded by the Commonwealth Partnerships against Domestic Violence initiative.
- A Social and Economic Risk Context Information System survey on interpersonal violence and the needs assessment research project *Reaffirming the Past, Reshaping the Future* was undertaken by the University of South Australia.

Program	Outputs/Outcomes	
Research into independent community living after discharge from hospital has been conducted in both metropolitan and country regions.	The research is currently reported in draft form and will inform service development and planning for Country and Disability Services Division in relation to discharge planning for older people in the country.	SA
Analysis of Regional Leakage Statistics aims to identify patterns of inpatient leakage to metropolitan hospitals, to describe the reasons for this and, at a later point, develop strategies to tackle inappropriate leakage.	Regional Health Services are more sensitive to the needs of country patients for services which are currently not provided within their regional areas and have identified broad strategies to retain and expand inpatient services.	SA
The Combined Universities Centre for Rural Health based in Geraldton and covering the Pilbarra and Goldfields regions has provided further avenue for localised research and improved research capacity on local issues.	The Centre has provided scholarships for local practitioners to undertake research.	WA

Program	Outputs/Outcomes	
The State Office of the Department of Health and Ageing is currently developing contracts with the University of TAS Discipline of General Practice and the University Department of Rural Health (University of TAS) to carry out capacity building activities under the Primary Health Care Research and Evaluation Development initiative over the next three years.		TAS
Rural health needs assessments are being undertaken across the State collaboratively by the Department of Health and Human Services and the Commonwealth Department of Health and Ageing in partnership with local communities, local Councils and key stakeholders.	Improved provision of health services to rural communities through better planning and coordination.	TAS
Under the Sharing the Caring initiative, the Commonwealth Department of Health and Ageing has funded a demonstration project in TAS. The project is being developed collaboratively by the University Department of Rural Health (University of TAS), the Department of Health and Human Services, Arthritis TAS and Glenview Homes.	Improve the health-related quality of life for people with chronic diseases	TAS

- As one of six core partners in the **Cooperative Research Centre for Aboriginal and Tropical Health**, the **Northern Territory** Department of Health and Community Services has participated in managing and conducting research. More than 100 projects have been undertaken over the past three years.
- A major focus of the Centre has been links between health status and culture, communication, education and health infrastructure. A number of projects in this area have been completed and others are underway.
- The Centre has a special stream of funding for research issues identified by Indigenous Australians. Research funded within this stream, as well as other Centre research, addresses locally identified issues. A strong emphasis is placed on supporting local staff to gain research skills through participating in locally based projects.

Program	Outputs/Outcomes	
The Department of Health and Community Services funds and supports research undertaken through the Centre for Remote Health , with an emphasis on remote area health service research.	Two staff members have been employed by the Centre using Primary Health Care Research and Evaluation Funding to build capacity and support for local research conducted by health professionals.	NT
Menzies School of Health Research	Much of the research conducted in the School also addresses rural and remote health issues.	NT

3.5 Dissemination of research findings

Results and information from research and studies to be made available through various communication channels to local communities, health services and agencies across Australia

Program	Outputs/Outcomes	
The Australian Institute of Health and Welfare reports are available on the Department's website. See also Goals 3.2 and 3.8.	The website is: www.aihw.gov.au .	CW
HealthInsite provides a wide range of up-to-date and quality assured information on important health topics such as diabetes, cancer, mental health and asthma.	The website is www.healthinsite.gov.au .	CW
NHMRC publications are available on the Department's website	The website is www.health.gov.au/nhmrc .	CW
Rural health website See also box on page 122.	The website is www.ruralhealth.gov.au . See Goal 3.6.	CW
The Rural Health Web Consortium Project manages the Rural Health WebRing, a collection of State, national and international websites that focus on rural health issues.	There are 51 member sites and 23 submissions pending membership. The Project offers a subsidised web development and staff training service for smaller rural and remote health agencies.	VIC
The Southern Zone Rural Palliative Care Information Strategy is a monthly electronic and mail dissemination by the Southern Zone Management Unit to rural and remote service providers of research, websites of interest, and journal articles.		QLD

- A *Social Health Atlas of South Australians* provides detailed state-wide information on socioeconomic status, health status and health services usage. It informs state, regional and local planning by providing detailed information on the health needs and social circumstances of South Australians.
- The *Social Health Atlas of Young South Australians* provides highly detailed information through spatial analysis of the health and well-being of children and young people in SA, including in rural, regional and remote SA.
- *Social Health Atlas of Young South Australians* is available from Department of Human Services, Population Strategies and Research.

Program	Outputs/Outcomes	
The Regional Primary Health Care Project provided information to communities and services on Primary Health Care principles and strategies.	This will help to ensure that services reflect Primary Health Care in their work with an appropriate balance between acute services, illness prevention and health promotion.	SA

Program	Outputs/Outcomes	
Mobile health promotion by the Royal Flying Doctor Service is encouraging healthy lifestyles, farm safety, early detection and screening programs in remote and isolated areas of Northern SA.	Development of the Women's GP Service which has seen 3,000 women access the program across regional SA. The regular provision of primary health care clinics, screening, immunisation and public health information in remote areas.	SA
AHMAC has accepted the proposal from the NHMRC to provide a clearinghouse for rural health research .	The principle adopted for research conducted in WA under the Department of Health and Combined Universities Centre for Rural Health includes a requirement for research outcomes to be reported to the relevant communities.	WA
Results and information and research are being disseminated through a range of communication channels.	See Goal 3.6.	TAS
Research conducted within the Department of Health and Community Services and the Cooperative Research Centre for Aboriginal and Tropical Health has a special focus on transfer of the results to relevant audiences , with a special focus on health service providers.	Ongoing efforts are made to improve the effectiveness of research transfer. Current approaches include published papers and journal articles, website, newsletters, workshops, networks, flipcharts, videos, and posters.	NT

3.6 Dissemination of information, research and models of care

Information, research and models of health care which are developed in rural, regional and remote areas to be widely disseminated by:

- presentation at conferences
- publication in journals
- media releases
- *the Internet*

Providing access to information on rural health

- The **Commonwealth** maintains a targeted rural health website outlining Commonwealth rural health policy, programs and services. A particular focus is to assist communities in accessing information to support the development of community health services, for example, through initiatives such as the Regional Health Services and Multipurpose Services programs.
- The website includes information on rural workforce programs and current funding rounds for scholarships and grants programs, including information on the Rural Health Support Education and Training Program and reports from completed projects.
- For students who are studying, or thinking of studying medicine, nursing or pharmacy and are interested in gaining experience in a rural area, information is provided on the range of Commonwealth Government scholarships and financial incentives that are available plus more places to study rural medicine at universities and clinical schools.
- The website is at www.ruralhealth.gov.au.

Program	Outputs/Outcomes	
Rural Health Web Consortium Project	See under Goal 3.5.	VIC
Rural and Remote — The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy provides health care professionals with access to knowledge and expertise in the area of rural health via the Internet.	The website for the journal is e-jrh.deakin.edu.au.	VIC
Victorian Database Access Project and Launch of the Website promotes recognition of rural data using the website and introduces it as an effective information tool to potential users. It also increases the profile of the Database among health professionals and allied agencies.		VIC
The Men's Health Planning Strategic Framework 2001 (Loddon Mallee Region) provides a resource and guide for health service providers within the Region to facilitate and support appropriate and sustainable health services that address men's health issues.		VIC
Innovative Models of Rural Health (Loddon Mallee Region) showcases six service models from the Region that have been developed in partnership between the service providers and the Regional Office.		VIC
The Connections Suicide Prevention Action Plan (Loddon Mallee Region) provides documentation of the planned actions that are to be undertaken in the Region over the next three years and on an ongoing basis, by communities, services, relevant stakeholders, and health promotion networks.	See also Goal 3.2.	VIC
Grampians Regional Alcohol and Drug Forum	85 health and welfare workers have participated in eight workshops.	VIC
Intensive Care Model and Educational Model (Grampians Region)	Paper presented at Regional Infection Control Forum.	VIC
Audit Project (Grampians Region) and description of new direction in education (Infection Control Challenge).	Paper presented at State Infection Control Conference. The audit tool is now used across the State and interest in the program has been shown across the State.	VIC
Public Health Benefits of Rail Trails (Hume Region)	Paper presented at Health Promotions Conference.	VIC
Victorian Rural Nurse Workforce Project is a comprehensive survey of rural nurses and rural nursing issues.	A number of recommendations from the previous stage have been implemented.	VIC

Program	Outputs/Outcomes	
Victorian Database Access Project provides an electronic database of information relating to health services, health status and other health related indicators for communities across rural Victoria.	Information is presented in the form of community profiles in several categories.	VIC
Publicity Posters enable a higher profile of the Country AIDS Network and the Rural Hepatitis C Network throughout rural Victoria.		VIC
Clinical Risk Management Videos aim to achieve more effective clinical risk management.	Videos have been distributed to CEOs and Boards of Management of small rural hospitals.	VIC
Gippsland High Risk Adolescent Program	Presented at WA Australian Conference on Criminology and Australian and New Zealand Mental Health Services Conference.	VIC
The Collaborative Practice Model determines clear roles for registered nurses, medical practitioners and isolated health workers and includes them in the Indigenous Workforce Plan for remote Indigenous communities.	The model was presented at three conferences between 2001 and 2002. The Collaborative Practice Model protocols and delegations are published in the <i>Primary Clinical Care Manual</i> . www.health.qld.gov.au/clinical/pccm/home.htm	QLD
A recent national conference, Life Journeys, was organised by the Department of Human Services. The conference was made available to all country regions by videoconferencing .	Successful participation from a range of country service providers and community groups.	SA
The Healthy SA website is helping South Australians to make informed decisions about their health, find out about health issues that are concerning them and make informed choices about how they care for themselves and others around them.	The website provides an A–Z of health that lists the wide range of topics included on the database. Links to international sites are also included. The website is: www.healthysa.sa.gov.au	SA
WA has undertaken detailed analysis of rural health service models and this information will help to inform both communities and the Department of Health on the most appropriate model for their circumstances.	This information is disseminated through the Epidemiology and Analytical website within the Department of Health. Intranet.health.wa.gov.au/corpdocs/hic/epidemiology/new_epi	WA
All major players are utilising the internet, publication opportunities, media and conferences to disseminate information on their research activities and outcomes.	Improved support for evidence-based practice.	TAS
Preventable Chronic Disease Strategy Coordinated Care Trials Alcohol Restrictions Petrol Sniffing Interventions Primary Health Care Access Program Suicide Prevention	These programs and initiatives have all been the subject of journal articles and conference presentations.	NT

3.7 Informing workers across the human services sector

A body of knowledge and expertise to be built up to inform networks of rural, regional and remote workers across the human services sector

Program	Outputs/Outcomes	
Huntington's Disease Specialist Nurse Pilot Project provides advice on care management issues, liaising with referring health professionals and coordinating other specialist services required.		VIC
Building Community Links Project supports small rural communities throughout Gippsland to develop and implement community-wide actions that address social, economic and cultural issues faced by people in those communities.		VIC
Partners in Community Building Program aims to develop the capacity of small rural communities to build the future of their communities, develop social, economic and community development programs.	The project targets 24 small rural communities and aims to create 12 business networks.	VIC
Renaissance of the Regions Forums	Sponsorship was provided for the Traralgon Practitioner Program addressing the health and well-being of rural and regional Victorians in a broad sense	VIC
World Conference on Rural Health WONCA Conference (Melbourne 2002)		VIC
Ministerial Rural and Regional Advisory Group and Clinical Issues Panel are key rural and regional health advisory groups to the Government on a broad range of issues relating to the distribution, provision standard and delivery of rural and regional health services.		VIC
Rural Health Initiatives for people with a developmental disability	<p>Informs health care policy and services for people with developmental disability.</p> <p>Provides resources and education.</p> <p>Increases the capacity of local communities to deliver healthcare to people with developmental disability.</p> <p>Raises awareness of metropolitan-based services of rural issues.</p> <p>Ensures ongoing rural-metropolitan links.</p>	VIC

Program	Outputs/Outcomes	
QLD Health's Zonal Public Health Units conduct a range of research projects on issues related to rural and remote health.	Staff from these units have published research reports in Australian and international journals. The public health units and the Rural Health Training Units also provide information to staff in rural and remote areas.	QLD
Under the National Health Development Fund , the Country and Disability Services Division of the Department of Human Services will implement two projects.	Research into service integration and information support in country SA , will be presented as: information to support planning and management of services; and systems to enhance to flow of information between health service providers. Research into services integration for rural and remote services that provide services to the Aboriginal community is a collaborative project between Country and Disability Services Division and Aboriginal Services Division. The study aims to enhance service delivery to Aboriginal people through improving the response of major rural and regional hospitals to the needs of Aboriginal people in country SA.	SA
The Combined Universities Centre for Rural Health acts as a vehicle for gathering information and then informing health professionals throughout the sector.	An example is the development of a database on the location and practice of all allied health practitioners.	W/A

- In **Tasmania**, a research project, **More than Just a Band-Aid**, focussing on recruitment and retention of volunteer ambulance officers was undertaken by the University Department of Rural Health (University of Tasmania), Tasmanian Ambulance Service and the Tasmanian Volunteer Ambulance Officers Association over 2000–2001.
- The report on the project was released in August 2001. It details strategies for improving recruitment, retention, training and support for volunteer ambulance officers. Implementation of the strategies has commenced.

Program	Outputs/Outcomes	
Preventable Chronic Disease Strategy / Network	See Goals 1.4 and 1.5.	NT
NT Aboriginal Health Forum	Building on experience gained through the Coordinated Care Trials, the Primary Health Care Access Program has now been developed and is being implemented through the NT Aboriginal Health Forum. Research currently being planned through the Cooperative Research Centre for Aboriginal and Tropical Health will inform the implementation of this Program.	NT

Program	Outputs/Outcomes	
Rural and remote staff in the NT are informed by the NT General Practice Advisory Group; Top End Divisions of General Practice; Central Australian Division of Primary Health Care ; and the NT Remote Health Workforce Agency .		NT

3.8 Indicators of health status and risk factors

<p><i>Indicators of health status and related risk factors to be developed to:</i></p> <ul style="list-style-type: none"> • <i>reflect diversity of conditions and people in rural, regional and remote areas</i> • <i>measure changes in health and well-being</i> • <i>provide guidance for the allocation of the workforce, research and funding to areas with poorer health outcomes</i>

Program	Outputs/Outcomes	
Programs towards the development of indicators of health status and related risk factors are discussed under Goal 3.2.	See Goal 3.2.	CW
The Australian Institute of Health and Welfare is undertaking a project to develop performance indicators on status of health in rural and remote areas. See also Goals 3.2 and 3.5.	A memorandum of understanding between the Office of Rural Health and the Institute is in place and a Rural Health Information Advisory Group has been established. Workshops to establish frameworks were held in June 2001 and November 2001.	CW
The BreastCare performance indicator project was undertaken by BreastScreen Victoria on behalf of the Department of Human Services.	A set of agreed performance indicators, a minimum dataset and reporting framework for breast care services are to be applied on a state-wide basis.	VIC
As part of the development of a suite of Health Outcome Plans , QLD Health developed process and outcome indicators designed for conditions affecting rural and remote communities.		QLD

<ul style="list-style-type: none"> • Health Indicators for Queensland: 2001 is a series of reports that summarise the health status of populations in 14 areas (including rural and remote regions) of the Southern, Central and Northern zones. The reports examine health status against the National Health Priority Areas of cancer, cardiovascular health, diabetes, mental health, asthma, and injury and poisoning. Trends in mortality, hospital separation and cancer incidence are analysed and comparisons made to the whole of Queensland. Prevalence of diabetes, asthma and selected health risk factors, notifiable conditions and immunisation rates, and rates of breast cancer screening and oral health service are also reported. • Sociodemographic features, including the distribution of socioeconomic disadvantage and social capital indicators, are documented. Attempts are made to quantify disparities between the health of Aboriginal and Torres Strait Islanders and non-Indigenous people.

Program	Outputs/Outcomes	
State-wide Pattern of Access Research analysed hospital facilities usage by patients and analysis of the relative funding services.	The <i>Pattern of Access Report</i> improves understanding of the utilisation of services by patients in rural, regional and remote SA in order to provide better service planning and delivery.	SA
The Rural Regional Women's Health and Well-Being Plans (1999–2003) are a collaborative effort between the seven rural Regional Health Services, Country Women's Health Services and the National Women's Health Program. They were launched by the Minister for Human Services in March 1999. The plans provide a summary examination of selected issues significant for rural, regional and remote women and provide a basis for planning country women's health services in SA.	Implementation of these plans is proceeding at various levels in all country regions.	SA
The database for epidemiological analysis provides capacity for detailed assessment at community level avoiding the potential for health status to be masked across a broader population group.	Provides prepared reports and interactive user defined reports at the local health service level.	WA
The approach the Department of Health has taken in respect to the North West, South West and regional Aboriginal health plans has allowed closer analysis of risk factors and trends to guide early intervention efforts. The development of the plans has meant that early intervention programs and primary health care approaches can achieve better health outcomes for the population.	Efforts are being made to find alternative methods of ensuring distribution of resources better matches relative health need. For example the North West health plan has attracted additional resources due to the higher incidence and prevalence of preventative conditions.	WA
A continuous health and well-being surveillance system with oversampling in rural and remote areas will provide information on chronic diseases including the National Health Priority areas, measures of well-being, behavioural risk factors and protective factors.	Determines global health status indicators and measures the prevalence of specific conditions and risk factors among regional populations to identify emerging trends in risk factors, chronic diseases and health problems within regional populations.	WA
Comprehensive information systems are being developed across the NT.	These include: <ul style="list-style-type: none"> • data systems with common minimum datasets; • systems for reporting data by region; • mapping of health services across NT to allow review of resource allocation across and within regions; • benchmarking between like services; and • adoption of the National Health Performance Framework. 	NT
Negotiation of performance indicators with service providers		NT

GOAL 4 Develop flexible and coordinated services

Overview

Commonwealth

The Commonwealth's flagship programs under this goal are the [Regional Health Services](#) and the [Multipurpose Services](#) Programs which provide primary health care in small rural communities with populations of 5,000 or less. Both programs depend on cooperation between the Commonwealth and States/Territories. To facilitate the process, National Principles for Commonwealth/State Collaboration on Rural Health Matters have been agreed nationally and a [Quality Improvement Framework for Multipurpose Services](#) is expected to be finalised by mid 2002. There are now 63 multipurpose services and 74 regional health services operating across all States and Territories with many more in the planning stages.

The Commonwealth is working with States to explore [Integrated Service Delivery Projects](#) which aim to develop better models of planning across Commonwealth and State governments, local government, service providers and consumers. In SA, the project covers a wide area including the Mid-North, Wakefield and Gawler with a population of approximately 100,000 and aims to develop and implement strategies that increase integrated funding, planning and service delivery within that region. In Victoria, the project is looking at a smaller area and population base (up to 10,000) and is more focussed on integrated service delivery. These projects will provide an opportunity to compare the different approaches and to consider critical success factors for future integrated service delivery projects.

Much of the identification of areas needing flexible and/or integrated services is based on population numbers and/or distance from an urban centre. Future work is likely to consider whether other indicators of need would be more effective and whether collaborative planning based on regions might lead to improved delivery of integrated health services in rural and remote areas.

New South Wales

In 2000, the NSW Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair Committee) encouraged more flexible approaches to service and management models in rural health services. The [Rural Hospitals and Health Services Program](#) is combined with the Multipurpose Services Program, a joint initiative between NSW Health and the Commonwealth Department of Health and Ageing, to provide health and aged care services in small rural towns. NSW Health has adopted a flexible approach, with opportunities for alternative models being explored.

This is in recognition of the need to bring about improvements in delivery of, and access to, quality health and aged care services in smaller rural communities through a collaborative approach between government and non-government providers across health and aged care sectors.

The Sinclair Report identified 34 sites for the building or redeveloping of hospitals in smaller towns into Multipurpose Services. The first 16 sites have been planned and designed, planning is currently being finalised at another nine sites, and, planning has commenced at another nine sites.

In order to improve the flexibility and coordination of services, NSW Health will be furthering the following initiatives:

- development of **Local Service Directories** across NSW;
- development of the *Delineation Guidelines for Rural Health Services Planning in NSW*;
- use of an endorsed set of principles for the planning and networking of services which will underpin the development of Area and state-wide **Health Service Plans**;
- review of the Service Roles of Rural Base and Rural District Hospitals in NSW by Area Health Services, as part of the **Area Clinical Planning Process**;
- the development of the **Strengthening Health Care in the Community** strategy; and
- enhancement of the **NSW Telehealth Initiative**.

Victoria

The Victorian Department of Human Service's achievements in working towards this goal include:

- the **Neighbourhood Renewal Program**, which demands a coordinated approach to service delivery and community development involving a range of government and non-government agencies;
- the **Acquired Brain Injury Strategic Plan**, which is based on state-wide coordination and integration of policy and development and develops and strengthens partnerships with a range of stakeholders; and
- the mental health **Dual Diagnosis Teams**, which provide an integrated service response bringing together specialist mental health and drug treatment services and linking metropolitan and rural health services.

Queensland

Queensland Health has produced a **Position Statement: Health Service Integration in Queensland** and developed a resource to support its implementation. It is designed to offer evidence-based decision support tools and strategies for managers and clinicians involved in initiating or facilitating integration initiatives.

Currently, the primary avenue for introducing flexibility into rural health services in Queensland is the **Multi-Purpose Health Service** Program which aims to provide flexibility in the provision of a coordinated range of health, aged and community care services in rural and remote communities. There are eighteen Multipurpose Health Services and Regional Health Services auspiced by Queensland Health.

Queensland Health has established innovative primary health care service arrangements including:

- the Mobile Women's Health Service, which is a network of registered nurse Pap smear providers offering outreach clinical and education in rural and remote areas; and
- the Community Public Health Planning in Rural and Remote Areas project, which aims to support development of community capacity in rural and remote communities.

Queensland Health has also produced *Telehealth Directions in Queensland Health: A 5 year Strategy Report 2000*. Telehealth applications have increased access and support to rural health practitioners.

South Australia

A primary focus of South Australian Department of Human Services is the planning and delivery of services that are driven by the needs of families and individuals. The integrated portfolio, which incorporates health, housing and community services, offers opportunities to plan and respond more effectively to complex and diverse community needs.

The Department has made advances towards improved coordination in the planning and delivery of health services in regional Australia. These include a number of new, collaborative programs, including the [Indigenous Health Framework Agreements](#), [Regional Health Service Program](#) and [Multi-Purpose Services](#).

Increasing the number of Multi-Purpose Services and Regional Health Services in country regions remains a priority as does the integration of human services and the development of innovative service models across community services, housing, health and disability.

Key achievements under Goal 4 have included:

- establishing integrated community planning forums and processes in all SA regional areas;
- supporting regional health boards plan and implement integrated services in accordance with the needs of the community;
- supporting local communities to better direct resources at local priorities, with consideration for equity, responsiveness and access;
- strengthening support for women in regional SA; and
- supporting flexible and sustainable services.

Western Australia

All Health Services in Western Australia collaborate with a wide range of stakeholders, which may include the Divisions of General Practice, Universities, Public Health Units, relevant community organisations etc.

The [regional health plans](#) for the North West and South West, developed by the Health Department, were completed in collaboration with stakeholders in order to address population issues unique to these areas.

Tasmania

The [Tasmanian Coordinated Care Trial](#) has provided good information and will now be followed up by a [HealthConnect](#) project aimed at testing the [HealthConnect](#) model on a targeted group of elderly people with chronic or complex health needs.

Northern Territory

The rural and remote areas of the Territory are characterised by population increase as new communities are established and population mobility especially among Aboriginal populations as they move out to their traditional lands to establish outstations.

The transient nature of many outstations and seasonal fluctuations in the populations of some larger Aboriginal communities means that flexibility must be built into any service delivery model designed for Aboriginal people. Further, the difference in perceptions of the function and purpose of health services is a factor in the design and delivery of services. Aboriginal communities view health services more from a social orientation while non-Aboriginal health staff measure the value of services from a purely medical perspective. Services in remote

areas must dovetail with the needs of local populations, which may vary between communities. Flexibility therefore is the cornerstone of services to remote communities.

Coordination of remote services provided by different organisation is essential to maximise the use of scarce resources and avoid duplication of services while meeting the needs of a mobile population.

Major developments in the NT include current establishment of the [Primary Health Care Access Program](#) in Health Zones, the successful operation of the [Coordinated Care Trials](#), and the development of [Multipurpose Services](#). These models will significantly improve access by people in remote communities to a range of health and community services. These communities will have a key role in determining health priorities and ultimately assuming management for these services.

The Primary Health Care Access Program, Coordinated Care Trials and Multipurpose Services are all characterised by their flexibility in meeting locally identified priorities and facilitating flexible use of resources.

The [Medical Specialist Outreach Program](#) enables a large range of procedures and specialist reviews and screening to be carried out in rural hospitals as well as in remote communities

[Australian Capital Territory](#)

ACT Health services work closely with their counterparts in the surrounding regions to provide a better planned and coordinated, seamless system of care.

4.1 Collaboration by stakeholders

Collaboration by stakeholders to agree roles and responsibilities. Stakeholders include all levels of government, health services, professional groups, educational institutions and community organisations

Program	Outputs/Outcomes	
<p>The National Principles for Commonwealth / State Collaboration on Rural Health Matters reflect a nationally agreed understanding of working relationships between governments on matters relating to rural health.</p>	<p>States and Territories and the Commonwealth continue to use these principles for collaboration in rural and remote areas.</p>	
<ul style="list-style-type: none"> • The Multipurpose Services program is a joint Commonwealth and State initiative aimed at providing a flexible, coordinated and cost-effective approach to health and aged care service delivery to small rural communities where stand alone aged care or other health services would not be viable. • The defining features of a multipurpose service are: <ul style="list-style-type: none"> – the pooling of former separately identified Commonwealth and State/Territory program funds; – the integration of all or most health and aged care services provided within a community, often under the one roof, with the opportunity for others to be involved (eg child care, domestic violence etc); and – the capacity to respond to sporadic demand for services that would otherwise threaten service viability. • The program was piloted in 1993 and raised considerable interest across the country. There are now 63 sites operating with many others under development. 		
Program	Outputs/Outcomes	
<p>The Coordinated Care Trials aim to provide innovative service delivery based on community and individual care coordination.</p>	<p>Funding arrangements are through pooling of funds from State and Commonwealth agencies.</p> <p>Areas of high need are determined in collaboration with State/Territory-based advisory committees.</p>	CW
<p>Regional Health Services Program</p>	<p>See box on page 144.</p>	CW
<p>The Consumer and Provider Partnerships in Health Project provides opportunities for partnerships of consumers and providers to develop, demonstrate and document strategies for consumers to participate at all levels of the health system.</p>	<p>Of 22 projects, 7 were funded in remote or rural areas. Projects covered the issues of consumer involvement in health service: organisational planning, delivery and evaluation; accreditation; resource allocation; performance reporting; and developing culturally appropriate feedback mechanisms.</p> <p>A compendium of case studies is being prepared and a national evaluation is in progress.</p>	CW

Program	Outputs/Outcomes	
<p>The Enhanced Rural and Remote Pharmacy Package encompasses a range of allowances, developed in conjunction with the Pharmacy Guild of Australia Agreement, to maintain and increase access to quality pharmacy services for rural and remote communities.</p> <p>The Guild has a continuing role in monitoring the effectiveness of these allowances through the Third Community Pharmacy Agreement.</p> <p>See also Rural and Remote Pharmacy Workforce Development Program under Goals 5.5 and 5.6.</p>	<p>The Rural Pharmacy Maintenance Allowance provides ongoing support to over 700 rural and remote pharmacies. Payments are structured so that the greatest support is provided to pharmacies in the most remote towns, with the lowest prescription volumes.</p> <p>A limited number of Start-up and Succession allowances are available to provide assistance in those more remote areas where there is a need for a community pharmacy and/or where it has proven difficult to attract a pharmacist to date.</p>	CW
<p>The Community Health Partnerships in Remote Communities (Far West) project aims to achieve a collaborative model of community health service delivery. Specific issues targeted for development are: diabetes, sexual health, mental health and child ear health. A key component is training nurses and Aboriginal health workers in the skills essential to successful interagency collaboration.</p>	<p>\$500,000 has been allocated for this project in the far west of NSW, centring on the towns of Bourke and Brewarrina.</p>	NSW
<p>Regional Health Promotion Program</p>	<p>A Regional Health Promotion Officer has been appointed to each rural region working towards the objectives for Regional Health Promotion.</p>	VIC
<p>Service Enhancement and Integration Project</p>	<p>Outcomes include gaining understanding of community perceptions through community participation, a review of past and present service delivery and setting future directions and strategic planning.</p>	VIC
<p>Health District Service Managers participate in Regional Managers of Government forums throughout QLD.</p>	<p>The forums aim to facilitate an all-of-Government approach to local service delivery and build effective networks within local governments and regional agencies.</p>	QLD
<p>The Government Service Delivery Project attempted to set the direction for collaboration and integrated service delivery in the QLD Public Service.</p>	<p>The project was founded on the assumption that Government can improve outcomes for the QLD community through developing a public service which is more flexible, delivers more integrated services and pursues collaboration with other agencies where feasible.</p>	QLD
<p>The Department has made advances towards collaboration in the planning and delivery of health services in regional SA.</p>	<p>Initiatives include a number of new, collaborative programs, including the Indigenous Health Framework Agreements, Regional Health Service Program and Multi-Purpose Services, as well as established programs such as the Royal Flying Doctor Service and the Patient Assistance Travel Scheme.</p>	SA

Program	Outputs/Outcomes	
The Country and Disability Service Division funds 66 country hospitals and a range of other health services through service agreements . In addition the Country and Disability Service Division has responsibility for the service planning, coordination and purchasing of state-wide disability services.	Integration of human services and the development of innovative service models across community services, housing, health and disability is a high priority	SA
The implementation of the Stroke and Diabetes programs is based on collaboration with external agencies and primary health providers such as GPs.	The focus is to: <ul style="list-style-type: none"> • avoid duplication of services; • share scarce resources; • regional coordination of services; and • improve access to services. 	WA
The TAS Medical Emergency Services Plan for Rural and Remote Areas was launched in early 1999 and is being implemented across three years. The Plan was developed in collaboration with rural service providers and communities and is guiding the development of best-practice medical emergency response in country areas.	Significant achievements to date include: the ambulance fleet upgrade, upgrade of the rescue helicopter, the development of education programs for rural emergency service providers, and the development and implementation of a community education program on first responses to road accidents. Currently a major upgrade of rural medical emergency equipment and associated training is underway.	TAS

Equipment Standardisation program for rural and remote Tasmania

- The health of rural and remote Tasmanians is now better protected than ever with the arrival of the versatile, state-of-the-art Portable Intensive Care Units. As part of the Tasmanian Medical Emergency Services Plan for Rural and Remote Areas, the equipment available to rural practitioners is being updated and standardised.
- A team drawn from FERNO Australia, the Tasmanian Ambulance Service and the University Department of Rural Health provided on-site training in the 11 sites around Tasmania that received the equipment. Nurses, general practitioners and ambulance officers were among the staff learning to use the equipment to save lives in their community. As one of the participants said 'This couldn't have come at a better time, our old emergency equipment was just beyond it'.

Program	Outputs/Outcomes	
NT GP Policy. Consultancy on Guidelines for GP in remote communities. Multidisciplinary remote health teams		NT

4.2 Partnerships and networks

Effective partnerships and networks in service provision, training, workforce development and community development

Program	Outputs/Outcomes	
Regional Health Services (see box on page 144) and Multipurpose Services (see box on page 133).	Advisory committees have been established and programs implemented. A multipurpose services website is being developed to offer information, work practice support and networking opportunities for rural and remote communities, staff and other health providers.	CW
Medical Specialist Outreach Assistance Program See box on page 206.	Advisory groups have been set up in each State and the NT.	CW
Enhanced Rural and Remote Pharmacy Package , including the Rural and Remote Pharmacy Workforce Development Program	See Goals 4.1, 5.5 and 5.6.	CW

- The **Victorian Primary Care Partnership Strategy** is a major reform in the way services are delivered in the primary care and community support services sector in Victoria. The Government has committed \$45m over four years to the reform.
- The Primary Care Partnership Strategy aims to improve the overall health and well-being of Victorians by:
 - improving the experience and outcomes for people who use primary care services; and
 - reducing the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.
- Over 800 services have come together in 32 Primary Care Partnerships across all parts of Victoria to progress the reforms. 19 of the Primary Care Partnerships are located in rural regions. The Primary Care Partnership's Community Health Plans develop health promotion strategies that address key health and well-being issues in local communities including many of those identified in the *Healthy Horizons* Framework.

Program	Outputs/Outcomes
<p>The Strengthening Health Care in the Community strategy has been developed as a part of the NSW Government Action Plan for Health. The strategy has been recently released.</p> <p>There are two key elements to the Strategy: strengthening primary health care within each Area Health Service and; the development of Primary Health Care Networks to serve geographically defined populations within each Area Health Service (see box below).</p>	<p>With the support of NSW Health, each Area Health Service will work together with other key interest groups in that Area to establish Networks for coordinating and integrating the provision of primary health care services to geographically defined populations. These will focus on the key factors contributing to the health of the population in that Area. The networks will clarify the roles and responsibility of each Network member, the needs and gaps in primary health care provision, and develop proposed solutions. These proposed solutions must be consistent with the Area's Primary Health Care business plan.</p> <p>See case study below.</p>

NSW

Primary Health Care Networks in New South Wales

- A current example of a formalised network arrangement exists in Grafton, New South Wales, where the Northern Rivers Area Health Service established the Partners in Care Alliance in 2001. The Alliance replaced the existing Community Health Management committee. It was planned to provide equal footing for services in a forum that will in effect inform the management, planning and investment strategies for the services of the Clarence Valley.
- Alliance members include: Aboriginal Medical Services; Division of General Practice; Youth and Family Services; Aged Care Services; Community Transport; Department of Veterans Affairs; local government; non-government organisation representation; consumer representation; Community Health; Mental Health; Hospital Services; and Allied Health.
- The Alliance has achieved success in a number of areas including consumer representation, information and education sharing, shared planning and asset planning.

Program	Outputs/Outcomes
<p>Rural Department of Human Services Health Promotion Working Group aims to</p> <ul style="list-style-type: none"> • provide leadership to regional health promotion development; • contribute and advocate for quality health promotion; • support and advance the health promotion systems and workforce; • support group members in managing their own leadership roles, networks and fulfilling professional development needs; and • build relationships and ensure communication with other health promotion agencies and other parts of the Department. 	

VIC

Program	Outputs/Outcomes	
Pilot Rural Sites for Victorian Family Cancer Genetics Service	Clinics have been established to provide counselling, testing and follow-up for persons with a strong family history of cancer.	VIC
Regional (Immunisation) Data Quality Officer Program	Regional Data Quality positions have been established and filled.	VIC
Workforce Development Program	Training providers from four regionally based educational institutions have been appointed to work in collaboration with local service providers to deliver a 5-day short course.	VIC
Capacity Building and Partnerships to Improve Oral Health Projects aim to increase community understanding and knowledge about fluoridation and oral health promotion skills through education and community consultation activities.		VIC
Community Strengthening Strategy aims to promote social cohesion, encourage participation in community activities and promote community understanding of drug issues.		VIC
Alcohol and Drug Training for Maternal and Child Health Nurses	543 nurses have been trained across Victoria.	VIC
Methadone Outreach	Outreach Workers liaise with doctors, community health centres and pharmacies in rural regions to extend the methadone program.	VIC
Women's Health Plan (Barwon South Western Region) recommends strategies for the establishment of an integrated model of women's health service delivery.		VIC
Grampians Region Alcohol and Drug Reference Group informs Regional Office of relevant issues and gaps. The Group works in partnership with Regional Office to develop strategies to address alcohol and drug-related issues.	An Alcohol and Drug Action Plan for the Grampians Region has been developed.	VIC
Regional Health Promotions Plan 2002 and Regional Drug and Alcohol Plan 2002 (Hume Region)	Working arrangements between agencies around issues and targets identified in plans have been improved.	VIC
Generic Social Work Pilot Project aims to enhance service delivery.		VIC
The Multi-Purpose Health Service Program aims to provide flexibility in the provision of a coordinated range of health, aged and community care services in rural and remote communities.	There are 18 Multipurpose Health Services and Regional Health Services auspiced by QLD Health. These were developed following extensive planning and consultation. Each has involved the establishment of formal community advisory networks and has promoted more effective coordination and collaboration with other key stakeholders.	QLD

Program	Outputs/Outcomes	QLD
<p>The Community Public Health Planning in Rural and Remote Areas initiative aims to support development of community capacity in rural and remote communities. It is funded to develop a process to support community planning around public health issues. The initiative builds partnerships with communities to support them in solving community health problems related to social, economic and environmental factors.</p>	<p>Public Health Services approached communities characterised by remoteness, a lack of services and limited economic development. Funds were transferred under grant agreements to local action groups and distributed to local projects. Communities have funded 70 local projects, of which approximately a quarter have aimed to increase the knowledge and skills available within the community. Many projects acquired physical resources that were lacking in the community. A third of the projects directly benefited young people. The Community Action Planning and Information Resource, a multimedia CD-ROM and companion web site (www.health.qld.gov.au/capir) aim to support communities and practitioners.</p>	QLD
<p>QLD Health has developed A Guide for Health Service Integration in Queensland to support the implementation of the Position Statement: Health Service Integration in QLD.</p>	<p>A literature review has been completed to inform the identification of a set of critical success factors, case studies, and 'tips' for quality integration activities. The guide includes a case example of an integrated rural health service. The Guide is designed to offer evidence-based decision support tools and strategies for managers and clinicians involved in initiating or facilitating integration initiatives.</p>	QLD
<p>QLD Health's Quality Improvement and Enhancement Program has included collaborative projects in rural and remote areas.</p>	<p>Projects have included:</p> <ul style="list-style-type: none"> • the Rural and Remote Program Area collaboration with the Royal Flying Doctor Service (QLD) to develop the Primary Clinical Care Manual 2001 and the Rural and Remote Clinical Services Database (in development); and • the Rural and Isolated Pharmacy Project collaboration with the QLD Rural Medical Support Agency to complete educational visits on the Australian Pharmaceutical Advisory Council's national guidelines. 	QLD

Program	Outputs/Outcomes	SA
<p>Integrated Community Planning links the needs of the community and the operational business plans. It complements the Department of Human Services Strategic Plan and will allow transparent decision-making against resource allocation and key priority areas.</p>	<p>During 2000–2001, Integrated Community Planning forums and processes were established in all seven country regions.</p> <p>Working through Departmental managers' forums to prioritise service responses, integrated community planning is exploring new area-wide structures that promote continuity of care from assessment, through referral to service delivery and that span early detection, promotion of well-being and effective community-based responses. This initiative will involve cross Departmental planning for health, housing and community services as well as other human service stakeholders.</p>	SA
<p>The Aboriginal Health Framework Agreement will require all Health Services to initiate proper planning processes.</p>	<p>The Aboriginal Services Division is in the process of further developing the upper Eyre Peninsula (Ceduna) Regional Health Service which takes an integrated human services approach to providing services for Aboriginal people. This type of project targets priority issues and the needs of priority population groups, in particular Aboriginal people, people living in remote areas and clients with high complex needs.</p> <p>The Aboriginal Services Division has collaborated with regional country areas to develop more flexible approaches to aged care which meet the needs of people with complex and chronic needs.</p>	SA
<p>Regional Health Services have been established in the Mid West (Wudinna, Streaky Bay and Elliston), Ceduna, Nganampa and Kangaroo Island.</p>	<p>The Department of Human Services is currently discussing a joint planning proposal with the Commonwealth Department of Health and Aged Care to explore the possibility of establishing additional Regional Health Centres in other country areas.</p>	SA
<p>The Preparing the Ground for Healthy Communities program has been implemented in a number of regions in country SA.</p>	<p>The program has increased workers' skills in planning and workforce development needs. A manual on planned approaches to workforce development in primary health care has been developed.</p>	SA

Program	Outputs/Outcomes	
<p>The Equity, Responsiveness and Access program was a priority reform from the <i>Country Domiciliary Care Review</i> (2000). Key elements of the project are:</p> <ul style="list-style-type: none"> • an improved service model; • streamlined and flexible funding models and program integration; • a workforce that is appropriate to services being delivered; • mainstream and specific initiatives to improve access; • efficient equipment services; and • consumer and community ownership and participation. 	<p>The program has been initiated by the Department of Human Services and involves the Mid North Regional Health Service, Gawler Health Service and Wakefield Health. Wakefield Health auspices the project. The Country and Disability Services Division is overseeing the rest of the recommendations from the Country Domiciliary Care Review.</p>	SA
<p>Social Vision (Pt Augusta) is an interagency initiative for actioning recommendations from the <i>Social Vision</i> consultative report which addresses issues for young people, justice and local government concerns.</p>	<p>A range of initiatives have been carried out targeting: mentoring; transport; safe accommodation; youth shelter; increased activities for young people; and community development approaches.</p>	SA

Improving health and well-being across the Eyre Peninsula, South Australia

- The Eastern Eyre Health and Aged Care facility covers an area of nearly 12,000 square kilometres with a catchment of approximately 5,000 people. Following its acceptance as a Regional Health Service Program in January 2001 and the subsequent allocation of additional and flexible funding it developed its 'cluster community service program' designed to provide a range of community services across the Eyre Peninsula. From January 2001 to December 2001, individual clients receiving a level of service increased from 80 to 264, community home help services previously delivered on a one-to-one basis increased from 1,800 to 7,500, community home help services previously delivered on a group basis increased from 17,000 to 25,000 and allied health services occasions of service increased from 480 to 1,750.
- The range and access to community-based services across Eastern Eyre Communities has increased significantly and is providing measurable outcomes in terms of the health and well-being status for people in the area. The pleasing aspect of the Regional Health Service Program is that small rural remote locations such as Eastern Eyre are no longer disadvantaged in terms of services available to their respective communities and that the people of Eastern Eyre can now enjoy and participate in the range of health and well-being activities that most other communities take for granted.

Program	Outputs/Outcomes	
<p>The Department of Health, as part of its Purchasing Intentions 1999 to 2003, will increase emphasis on collaborative approaches in certain key areas to ensure optimum outcomes are achieved.</p>	<p>In 1999–2000 the Department of Health's purchasing areas (General Health Purchasing, Public Health, Mental Health and the Office of Aboriginal Health), supported by other areas worked collaboratively on several issues relevant to the areas of Aboriginal health, alcohol and drugs, and diabetes.</p>	WA

Program	Outputs/Outcomes	
<p>In 2001–2002, the Department of Health is continuing to support collaborative initiatives in diabetes and Aboriginal health while also supporting collaborative work.</p>	<p>Examples include:</p> <ul style="list-style-type: none"> the Family Strength Program, a joint initiative of the Department of Health and the Department of Community Development, which aims to provide an early intervention service to all new families within WA with some services specifically for Aboriginal people; and the Building Solid Families Program, a initiative that involves the cooperation of the Department of Health and ATSIC for provision of family tracing, reunification and counselling support for Aboriginal families in Western Australia. 	WA
<p>State and Local Governments are entering into Partnership Agreements which aim to improve service delivery and advance sustainable social and economic development.</p>	<p>Extension of partnership to more local government areas.</p>	TAS
<p>The Department of Health and Human Services and the Faculty of Health Science, University of TAS have signed a Partners in Health Agreement that provides an opportunity to harness and maximise research and data resource sharing.</p>	<p>Improved collaboration between the Department of Health and Human Services and the University Department of Rural Health leading to more effective use of resources in achieving outcomes of joint concern.</p>	TAS
<p>The TAS Rural Health Partnership Group continues to provide a forum for key stakeholders in the rural health arena to identify issues, disseminate information, and provide strategic advice and policy recommendations.</p>	<p>Regular forums provide broad stakeholder input to rural health service policy and planning.</p>	TAS
<p>Housing Tasmania has developed a partnership framework to achieve shared and common goals for improving client health and well-being outcomes.</p>	<p>To date agreements have been signed with Local Councils and the TAS Fire Service.</p>	TAS
<p>Conjoint appointments between the Department of Health and Human Services and the University Department of Rural Health include the Director of the university department, the Associate Professor in Community and Rural Nursing and the Mental Health Researcher.</p>	<p>Some conjoint appointments are in place and more are being planned.</p>	TAS
<p>Service Tasmania is developing collocated shops across rural TAS. These provide a 'one-stop shop' for accessing Government services.</p>	<p>Improved and cost-effective access by rural residents to a government 'portal'.</p>	TAS

Program	Outputs/Outcomes	
An NT Aboriginal Health Worker (AHW) Education, Training and Assessment Working Group was established by the Department of Health and Community Services and the NT Community Services and Health Industry Training Advisory Board in 1999. Membership included the Department, Aboriginal Medical Services Alliance of the NT, Batchelor Institute for Indigenous Tertiary Education, Tiwi Health Board, Central Australian Remote Health Training Unit and the ITAB.	<p>The group developed a framework for a collaborative and integrated approach to AHW training and assessment. The group is recognised by the Industry Training Advisory Board as the peak body for AHW education and training in the NT and has collaborated on the development of assessment materials and processes.</p> <p>The group is crucial to future development in such areas as the review of national Aboriginal and Torres Strait Islander health worker competency standards and the potential inclusion of Aboriginal Health Work in the National Health Training Package. Its title recently changed to the AHW Training Advisory Group (NT).</p>	NT
The ACT has a Joint Health Services Planning Committee which meets bimonthly and includes representation from the ACT Department of Health and Community Care, the Southern Area Health Service (NSW), The Canberra Hospital and Calvary Hospital.	<p>There are four joint planning committees involving the Department, Southern Area Health Services, and consumer and provider representatives:</p> <ul style="list-style-type: none"> • Rehabilitation Steering Committee; • Maternity Services Advisory Group; • Cancer Services Council; and • Joint Critical Care Group. <p>Broadly these committees are established to promote improved networking and cooperation of health services across the ACT and South East region of NSW. The planning committees are reviewing existing service provision to inform strategic responses.</p>	ACT

4.3 Innovative models of primary health care

Development of innovative models of primary health care, particularly where there are limited service options, utilising:

- *management and training practices which support quality service provision;*
- *skills and expertise of all partners;*
- *telehealth;*
- *flexible funding arrangements; and*
- *strategies developed to address national health priority areas.*

Program	Outputs/Outcomes	
Rural Chronic Disease Initiative	See box on page 44.	CW
Multipurpose Services	See box on page 133.	CW

- The Commonwealth's **Regional Health Services Program** aims to improve the health and well-being of people in rural areas through funding of innovative local primary health care services. The Department works with small rural communities (less than 5,000 people) to identify local priorities and develop and support the primary health care services needed to meet those priorities. A range of community-based services can be supported under the program including health promotion, illness and injury prevention, palliative care, women's health, children's services, community nursing, mental health, podiatry, speech therapy and physiotherapy.
- To be eligible for funding under the program, applicants must demonstrate that: services will be provided to small rural towns; community consultation has been undertaken; new primary care services comprise the major part of the proposal; and the services to be provided are comprehensive and address as many identified needs as possible.
- As at 22 March 2002, there were 74 operational regional health services across Australia (10 in NSW; 17 in Vic; 16 in QLD; 4 in SA; 13 in WA; 12 in Tasmania; and 2 in NT). About 80% of funding goes to salaries; main occupations supported are psychology, counselling, physiotherapy, dietetics, occupational therapy and speech pathology.

Improved access to health services in regional communities

- Regional Health Services provide greater access to health services within communities, facilitating a better quality of life and self-sufficiency for communities such as Murchison, Western Australia and Robinvale, Victoria. Under the Regional Health Services Program the Murchison community has been allocated more than \$460,000 per year to provide a variety of primary care services including child health, health promotion, allied health, alcohol and drug services and community nursing.
- The Robinvale community has been allocated more than \$1.4 million under the Program to provide a wide range of primary care services including physiotherapy, occupational therapy, podiatry, speech therapy, drug and alcohol services, counselling, dietetics, community nursing and audiology.

Innovative management and training practices

Program	Outputs/Outcomes
<p>Funding is provided to Bush Nursing, Small Community and Regional Private Hospitals to ensure that communities retain access to private health services. The program provides an opportunity for rural private hospitals to review and restructure their operations to better meet the needs of their local communities.</p>	<p>In the 2000–2001 Budget, \$30.3m over four years was allocated to the program. 36 private hospitals throughout rural and regional Australia have already received assistance. Small hospitals (less than 50 beds) were given first priority.</p> <p>Funding for service planning is provided for eligible hospitals in all States. Further funding to implement recommendations arising from the strategic service plans is available to not-for-profit hospitals.</p>

CW

Program	Outputs/Outcomes	
<p>The Multipurpose Service Quality Project aims to develop a comprehensive quality module that can address the quality care issues in the complete range of services being provided by a Multipurpose Service.</p>	<p>The Project commenced in November 2000. Existing tools were reviewed and a module developed and pilot tested. A framework for reporting and materials for documentation of the quality tool have been developed. Information concerning the module has been disseminated and training for multipurpose service staff provided.</p>	NSW
<p>BreastCare Victoria has been established within the Victorian Department of Human Services to implement the Breast Disease Service Redevelopment Strategy.</p> <p>The Breast Services Enhancement Program is a major initiative of the Strategy. This is a quality improvement approach that funds nine demonstration models to develop, trial and evaluate best-practice models of service provision. Regionally coordinated collaborations of service providers in each of the five rural regions are participating in the Program.</p>	<p>Under the Program, a broad range of strategies has been successfully implemented, including the establishment of new multidisciplinary review processes in both metropolitan and rural settings, the piloting of breast care nurse coordinators, the development of clinical pathways and treatment protocols, and the development of mechanisms to enhance information, communication and continuity of care.</p> <p>See case study below.</p>	VIC

Improving breast care services in Victoria

- The Loddon Mallee Breast Services Enhancement Program is working to enhance existing services across the region for women with breast cancer. A number of initiatives have been successfully implemented through the creation of partnerships between Bendigo Base and Mount Alvernia hospitals, consumers, private practitioners and other service providers.
- One such initiative has been the launch of the Multidisciplinary Breast Care Package across the region. The aim of the package is to promote best-practice standards for regional protocols on breast care. It is targeted at all health-care professionals, including clinicians, nurses and GPs. Another initiative has been the creation of a Breast Care Nurse Regional Coordinator, whose role is to coordinate the care of women affected by breast cancer, further develop links between service providers and act as an advocate for rural breast care nurses.

Program	Outputs/Outcomes	
<p>The Neighbourhood Renewal Program aims to achieve improved well-being of residents in neighbourhoods identified as facing disproportionate levels of social and economic disadvantage. The program demands a coordinated approach to service delivery and community development involving a range of government and non-government agencies.</p>		VIC

Program	Outputs/Outcomes	
<p>Acquired Brain Injury Strategic Plan aims to improve service response through:</p> <ul style="list-style-type: none"> • developing and strengthening partnerships with a range of stakeholders; • promoting quality improvement in workforce and service delivery; and • improving monitoring and evaluation. 		VIC
<p>Extended Hours Capacity</p>	Drug treatment agencies operating to extended hours to provide drug treatment services and support out of hours.	VIC
<p>Dual Diagnosis Teams provide an integrated service response bringing together specialist mental health and drug treatment services and linking metropolitan and rural health services.</p>		VIC
<p>Mobile Drug Safety Workers provide education on drug safety, plus needle distribution, and sterile supplies in areas of high drug use.</p>	Workers are trained in resuscitation and can refer users for treatment/ rehabilitation.	VIC
<p>Rural Rehabilitation and Treatment Services</p>	The Program funds a rural needs assessment project position, rural Withdrawal Worker, Pharmacotherapy Development Officers and other relevant rural initiatives that emerge as a result of the needs assessment.	VIC
<p>Health Promotion Short Courses (Hume Region)</p>	Three courses were run in 2001.	VIC
<p>Community-Based Allied Health extends provision of community-based in-home allied health services for rehabilitation clients to enable patients to be rehabilitated in their home environment.</p>		VIC
<p>Health Programs for People with Disabilities involve development of a coordinated and integrated range of general and mental health services for people with disabilities.</p>		VIC
<p>Connecting Hepburn Information Technology and Management Project will provide improved continuity of care and better health outcomes for clients.</p>		VIC
<p>Continence Care for Victorians aims to reduce the need for costly interventions and assist people to remain living in the community through prevention and early intervention.</p>		VIC
<p>Rural Youth Residential Programs provide rehabilitation and support for rural youth.</p>		VIC

Program	Outputs/Outcomes	QLD
The Mobile Women's Health Service , a network of 13 registered nurse Pap Smear Providers, provides an outreach clinical and education service in rural and remote areas.	In the Torres Strait and Cape York, Indigenous Women's health workers are employed to play an important role in community education.	QLD
The Position Statement: Primary Health and Community Care in Queensland (under development) aims to achieve greater collaboration in primary health and community care.	<p>The following key directions have been identified:</p> <ul style="list-style-type: none"> • client-focussed services built around individual and community needs; • a more equitable and consistent approach to service development and delivery across the State; • improved focus on the social and other determinants of health; • greater integration of health services; and • improved collaboration on a whole-of government basis regarding service planning and development. 	QLD
QLD Health has instituted a Quality Improvement and Enhancement Program	<p>Under the Program, the following have been developed:</p> <ul style="list-style-type: none"> • the <i>Collaborative Practice Model</i>; • telehealth protocols, funding models and an evaluation tool, training modules and an increasing range of services (see below); • the <i>Primary Clinical Care Manual 2001</i>; and • the <i>Handbook for the Collection, Storage and Transport of Pathology Specimens in Rural and Remote Queensland 2001</i>. 	QLD
The Charleville Mobile Visual Impairment Prevention Program provides retinopathy screening in rural and remote communities, with the aim of increasing detection of diabetic retinopathy in its early stages and reducing severity of impairment where it exists.	<p>Service providers and community members have been involved in the planning of this project. Most communities have elected to hold the retinopathy screening in conjunction with a community event such as a show or festival.</p> <p>In conjunction with the retinopathy screening, other health screenings (blood pressure, blood glucose, height, weight, hearing) also take place as part of the Outback Vision Plus–Be Well project. The data collected will enable the compilation of a diabetic register, to improve recall, referral and continuity of care and provide information on the incidence of retinopathy in rural and remote communities.</p>	QLD

Program	Outputs/Outcomes	QLD
<p>The Enhanced Model of Primary Health Care for North QLD's Indigenous Communities is being developed with the following key components:</p> <ul style="list-style-type: none"> • planning in partnership with the community; • evidence-based programs for acute care and management of chronic disease; and • quality approaches to health care delivery. 		QLD
<p>Rural Regional Women's Health and Well-Being Plans 1999-2003</p> <p>See also goal 3.8.</p>	<p>These seven plans developed priority issues and population groups and identified key outcomes for the following five years. The plans were developed through regional consultations with key stakeholders identifying areas of responsibilities for gaps in service delivery and opportunities for partnerships.</p>	SA
<p>The Sexual Health Hotline is a state-wide, toll-free service for rural, regional and remote South Australians.</p>	<p>The service provides accessible and confidential telephone information, referral and counselling services. It is linked to a state-wide database of GPs with expertise in sexual and productive health.</p>	SA
<p>The Strengthening Support for Women with Breast Cancer in Rural and Remote SA program has been established to: build on and improve supportive care for rural women with breast cancer; reduce inequities in care; and improve continuity of care arrangements for these women.</p> <p>The objectives of the project are that all rural women receive:</p> <ul style="list-style-type: none"> • adequate and appropriate information about their treatment and about supportive care; • a coordinated approach to supportive care; and • information about financial support for travel and accommodation for which they are eligible. 	<p>A project officer has been appointed. Consultations have been conducted with approximately 80 country women who have experienced breast cancer, as well as a range of service providers. These were conducted through both individual interviews and focus groups.</p> <p>SA will focus on upgrading existing services but will also examine the scope for developing and extending the role of an existing health care worker to include tasks of a specialist breast care nurse. In the longer term the program will examine the potential for implementing the establishment of breast care nurse coordinators and strengthening access to tertiary referral support services.</p>	SA

- In May 2000 the **Western Australian** Department of Health released ***New Vision for Community Health Services for the Future***. This document aims to provide a strategy and framework to support practical, attainable health services at a community level that are based on the needs of the people as identified by them.
- The principles of New Vision are:
 - working at the community–health interface;
 - focussing on community development and capacity building;
 - enhancing and re-orienting the health system to focus on health promotion and prevention;
 - focussing on the importance of early life and life course determinants;
 - focussing on the determinants of health and health inequality; and
 - ensuring universality of access to health and other services.
- Implementation of the New Vision for Community Health Services has commenced. Health Services have been encouraged to re-orient their organisational models and structures to reflect the need for community health management to be closely positioned with the community, accessible and responsive to the community with an emphasis on the health needs of the community, and have a community-population focus.

Program	Outputs/Outcomes	
<p>Child and Community Health Services aim to provide a comprehensive range of quality services that are supported by positive and flexible management processes and a skilled workforce.</p>	<p>The Family Strength joint initiative between Department of Health and the Department for Community Development is one strategy that has provided opportunities to deliver early support services to children and families in a coordinated and comprehensive manner.</p>	W/A
<p>The multidisciplinary team approach currently being developed in Child and Community Health aims to ensure better coordination in the community-based setting.</p>	<p>The multidisciplinary team approach has been shown to improve accessibility and uptake of services and outcomes as well as communication between providers and the community and enhanced satisfaction with services.</p>	W/A

Program	Outputs/Outcomes
<p>The WA Multipurpose Service program enables the State to respond to the challenges of providing health and aged care services to small rural communities experiencing low population densities, geographic isolation from mainstream services, high infrastructure costs, and the high costs of providing small discrete services aimed at providing care closer to home.</p>	<p>Since the program's inception in 1994 the development of multipurpose services has increased to 20, covering 42 of the 110 local government areas. A further 9 sites are expected to be developed during the 2001–2002 period.</p> <p>See case study on next page.</p>

WA

Flexibility in planning and delivery of services

- Through the Western Australian Multipurpose Service program, a flexible approach has been adopted to the planning and delivery of services, and greater interagency collaboration has been fostered. Some examples of service innovation include:
 - **Fly in / Fly out services** — An innovative air charter service bringing regular health specialist services to the communities of Meekatharra, Cue, Mt Magnet and Sandstone has significantly reduced travel time from these remote locations, and increased the availability of a range of specialist services to these communities;
 - **Safe Communities** — Denmark Multipurpose Service received international acclaim for promoting injury prevention throughout the community, by receiving accreditation from the World Health Organisation Collaborating Centre on Community Safety Promotion; and
 - **Telehealth** — The installation of equipment and training of users has enabled multipurpose services to introduce program enhancement to speech therapy, diabetes education, mental health, extended midwifery services and specialist services. This technology has also supported administrative services, staff education and networking.

Program	Outputs/Outcomes
<p>With the rapid expansion of Multipurpose Services in WA, the Health Department funded a discrete program — Rural Service Development — to work with the State office of the Commonwealth Department of Health and Ageing to facilitate joint issues and policies, including coordination of the State Multipurpose Services Steering Committee.</p>	<p>Examples of joint State and Commonwealth initiatives include:</p> <ul style="list-style-type: none"> • coordinated quarterly state-wide multipurpose services network conferences; • quarterly newsletters describing service innovation, program news, and nation wide information; • an multipurpose services website and resource manual; • a database of multipurpose services sites and information; and • education initiatives for health service managers.

WA

Program	Outputs/Outcomes	
The HealthDirect service has been fully operational in rural WA since July 2000. It enables people to phone cost free to a call centre where their call will be triaged by a registered nurse and the caller will be advised regarding service availability. Emergency calls are referred to the on-call nurses.	HealthDirect receives approx 450 to 500 calls per day with approx 50 calls per day from the rural sector. The Murchison, Cue and Mt Magnet Health Centres provide an on call after-hours triaged service.	WA
The HealthInfo service, based in the call centre, is accessible to rural callers for the cost of a local phone call.	Operators provide callers with information about Health Services and their availability (eg closest GP to home and community care services or the Diabetes Association of Western Australia).	WA
Mental HealthDirect is available from the call centre via a free call number. Calls are triaged and the caller is given advice on how to access the required service or transferred to the required service if the need is immediate.		WA
Rural health services across the State are being reconfigured in accordance with the Healthy Horizons framework. Aligned with these developments, the Department of Health and Human Services is currently working on a policy framework and whole-of-agency strategies concerning integrated and coordinated service provision.	There are 4 Multipurpose Centres and 2 Multipurpose Services in TAS. A further 2 Multipurpose Services are under development.	TAS
The Regional Health Services Program is funding service planning and provision projects across rural TAS.	To date, 11 Regional Health Services have been funded. Further Regional Health Services are planned.	TAS
The TAS Dementia Care Plan was launched in late 1999.	The Plan is being progressively implemented across the State.	TAS
The Rural Women's GP Service , a Commonwealth initiative that aims to provide visiting female GPs to rural areas is being introduced in TAS.	The service is now available in four communities. Planning is underway towards expanding the service into other rural communities of need.	TAS
The TAS Rural Mental Health Plan has been developed as a partnership between the Department of Health and Human Services, University Department of Rural Health (University of TAS), the TAS General Practice Division and TAS Community Advisory Group.	The Plan aims to assist people living in rural areas to maintain their mental health and well-being, and, when necessary, receive treatment and care in a timely and effective manner.	TAS
Some Local Government Councils are proactively working to promote the health of their rural constituents through the employment of Youth Workers, Senior's Development Officers, Family Liaison Workers and involvement in the recruitment and retention of health professionals.	Utilisation of local knowledge to encourage more appropriate service development.	TAS

Westbury tackles dementia care

- Caring for someone affected by dementia in rural areas has often necessitated a full-time commitment, with very few support systems and extremely limited respite available. The Westbury Community Health Centre in northern **Tasmania** recognised the need in this area and were successful in obtaining funding from Home and Community Care to establish Day Centre services and supports for clients and carers affected by dementia.
- Now clients living in the Meander Valley municipality can attend a Day Centre which caters specifically for their needs, and carers and families are also provided with support, education and information as part of this new service. The Day Centre operates for two days each week and clients are picked up and dropped off at their homes. In conjunction with the service an extensive education program has been developed to assist other staff, volunteers and drivers in providing the best possible care to this client group. Annette Barrett, manager of the Westbury Community Health Centre says that although only newly established, the service is already proving extremely popular.

Program	Outputs/Outcomes	
<p>Under the Medical Specialist Outreach programs a range of Specialists and multidisciplinary teams conduct regular visits to remote communities and larger rural centre.</p> <p>Specialists include: ophthalmologists, optometrists, diabetic retinopathy teams, general surgeons, women's health specialists (obstetrician / gynaecologist midwives), specialist physicians, paediatricians and cardiologists.</p>	<p>Screening, reviews, and minor procedures such as biopsies, colposcopy, circumcision (as part of traditional men's ceremony) and ultrasound scans are carried out in the communities. Larger, routine procedures are carried out in the Regional hospitals.</p>	NT
<p>Other major initiatives centre around the Primary Health Care Access Program and Multi-Purpose Services</p>		NT

Telehealth

Program	Outputs/Outcomes	
<p>The NSW Telehealth Initiative commenced in 1996 and aims to ensure better health, enable equity of access to health services and improve the quality of health service provided to all NSW residents.</p> <p>Telehealth is provided in a range of settings including public hospitals, community health centres, Aboriginal Medical Services and Correctional Health Centres.</p>	<p>Funding of \$4m is available for expansion of telehealth services in 2001–2002, bringing services to 158 facilities.</p> <p>Evaluation of the initiative has shown:</p> <ul style="list-style-type: none"> • improved access to care in general and specifically to local expertise, second opinion, emergency specialist care and postoperative follow-up; • greater integration of remote health services and greater continuity of care; and • improved support for isolated staff, including training, supervision and improved working relationships. <p>Further information can be obtained from www.health.nsw.gov.au/pmd/telehealth</p>	NSW

Program	Outputs/Outcomes	VIC
<p>Business Planning for TeleHealth Victoria enables TeleHealth Victoria to undertake business planning and establish infrastructure necessary to contribute to the development of strategic directions for Telehealth in Victoria.</p>		VIC
<p>QLD Health has produced Telehealth Directions in Queensland Health: A 5 year Strategy Report 2000.</p>	<p>There are over 110 telehealth sites within health facilities. The main areas currently using this technology are psychiatry and intensive care as well as paediatrics, neonatology, emergency care and cardiology.</p> <p>The QLD Telemedicine Network aims to coordinate and support the use and further development of telehealth applications. The Telepaediatrics Project is funded to provide a guaranteed response, tele-referral service at the Royal Children's Hospital.</p>	QLD
<p>The Department of Human Services is using Telehealth technology to provide innovative services in rural areas.</p>	<p>Telehealth services are provided through 13 metropolitan and 28 rural settings. In 2001, the number of rural settings increased to 55.</p> <p>Current activities include, Telepsychiatry, provision of renal services, oncology conferencing, video imaging, Networking the Nation, support to brain injured patients, videoconferencing, medical consultation, educational meetings, case conferences, accessing interpreter services and Guardianship Board hearings.</p>	SA
<p>The Telehealth project is jointly funded by the State and Commonwealth Governments. It is a pilot implementation involving 20 regional, rural and remote sites and others for which the project is deemed appropriate in Western Australia.</p>	<p>As at February 2001, 10 sites were operational, 15 sites capable of operation and in the process of developing service briefs and 3 sites were to be developed by mid 2001 with the possibility of a further 3 sites.</p>	WA
<p>The TAS Telehealth Project has to date established a number of hub sites in the State's major public hospitals, and spoke sites at eight rural health facilities.</p>	<p>A report on the evaluation phase of stage one of the Telehealth Project has been completed. Stage Three, a further expansion stage, has commenced.</p>	TAS

Telehealth — spanning the distance

- Staff at the Renal Unit, Toowoomba Hospital in Queensland have installed new videoconferencing equipment into their work area. This will enable them to deliver a wide range of services to their patients who live in towns outside of Toowoomba. 'We have been using video-conferencing for the past four years but the new equipment will mean that our staff and patients will have ready access without leaving the workplace' said Lynne Abell, Clinical Nurse Consultant.
- Weipa, Mt Isa and Thursday Island have installed equipment that can scan and send quality radiological images for diagnostic and treatment advice. Cairns and Townsville Hospitals receive these images and provide specialist second opinion to the treating consultant. This should help to reduce unnecessary transfers of patients.
- These are just two examples of the expanding network of telehealth applications employed by Queensland Health. Across Queensland Health there is more than 2000 hours of video-conferencing usage per month for clinical, educational and administrative purposes. The network numbers more than 200 sites, including isolated sites. As well as the range of clinical and organisational advantages, telehealth has reduced the isolation of sole practitioners often working in very demanding situations.

4.4 Guidelines for services

Guidelines for quality services which are flexible and able to accommodate the changing service needs of rural, regional and remote communities. The guidelines will include:

- *clinical standards*
- *service benchmarks*
- *performance indicators*
- *accreditation standards*

Program	Outputs/Outcomes	
Quality Improvement Framework for Multipurpose Services	A working group of AHMAC National Rural Health Policy Sub-committee will have a National Quality Improvement Framework for Multipurpose Services developed by mid-2002.	CW
A program is being developed for the <i>Delineation Guidelines for Rural Health Services Planning in NSW Health</i> , which will be a companion document to the <i>Guide to the Role Delineation of Health Services in NSW</i> . Throughout the development of the guide, consultation and involvement will be sought from the relevant professional bodies and stakeholders.	It is expected that a 12-month timeframe will be required to develop the Guidelines.	NSW

Program	Outputs/Outcomes	
<p>The Rural Health Implementation Coordination Group was established in 2000 under the NSW Governments Action Plan for Health. The Group includes members from a range of areas including clinicians, consumer representatives, Area Health Services and NSW Health staff. The Group is intended to implement the recommendations of both the NSW Ministerial Advisory Committee on Health Services in Smaller Towns and the NSW Health Council in relation to rural issues.</p>	<p>The Group has recommended that rural Area Health Services develop a Local Service Directory to better inform rural communities of what services are available in their town and surrounding areas.</p> <p>The Group has developed an agreed set of Planning Principles for Rural Area Health Services upon which Area and state-wide Health Service Plans should be developed.</p>	NSW
<p>NSW has developed two resource documents: <i>New Ways of Delivering Health Services in Smaller Towns</i> and <i>Introducing a Multipurpose Service into Your Community</i>.</p> <p>These documents aim to act as a guide for communities and other stakeholders when considering the options for more flexible health services which best meet the health needs of the local community.</p>	<p>These documents will soon be available on the NSW Health website.</p>	NSW
<p>Area Health Services have identified priorities for upgrading Rural Base Hospitals in services such as acute mental health, oncology, orthopaedics and renal services.</p>	<p>Terms of reference for a brief to consultants to examine common issues for base hospitals have been prepared. The Consultancy will review rural Area Health Service Area Health Plans and involve consultation with clinicians in rural referral facilities, conducted by two senior clinicians (one doctor and one nurse). The current roles, levels and service configuration of these facilities from all the rural Area Health Services (including Hunter and Illawarra) will be considered.</p>	NSW
<p>NSW Health is currently undertaking a <i>Review of the Service Roles for Rural District Hospitals in NSW</i>. The review includes rural hospitals, which are of smaller size and lower complexity than Base Hospitals.</p>		NSW
<p>Infection Control in Hospitals project (Barwon South Western region) aims to improve infection control standards.</p>		VIC
<p><i>Lets Get Active – Physical Activity for People with a Disability</i></p>		VIC
<p>Awareness Programs in Rural Areas Project provides policy makers, senior managers and health care providers in the rural public health sector with the communications skills necessary to operate in a culturally and linguistically diverse environment.</p>		VIC

Program	Outputs/Outcomes	
QLD Health's Quality Improvement and Enhancement Program is developing an Integrated Continuous Quality Improvement Framework for rural and remote health services.	Standards and a Quality Manual have been developed and are being trialed in five sites.	QLD
QLD Health and the Royal Flying Doctors Service have developed the Primary Clinical Care Manual . It contains practice guidelines and health management protocols for Registered Nurses and authorised Indigenous health workers. All interventions recommended in the Manual are based on the best available evidence.	The <i>Primary Clinical Care Manual</i> 2001 edition has been distributed to all remote health facilities and to rural facilities through the Rural and Remote Area Program.	QLD
Country SA is divided into seven regions, each with a Regional Health Service Board comprised of nominees from health units, medical practitioners, consumers and communities, and people with special expertise in financial or legal matters.	Regional Boards develop health services in the region in accordance with the needs of the community, in an effective and efficient manner and fund services through Health Service Agreements with the health units involved. Departmental officers and the Regional General Managers meet on a monthly basis to ensure that, wherever appropriate, a common approach is adopted, issues are discussed and information is shared.	SA
As part of its Strategic Quality Plan (1998–99 to 2002–03), the Department of Health is committed to fostering development and implementation of a standardised Clinical Governance Framework across the States public hospital system. One strategy to achieve this in rural, regional and remote WA is to establish a clinical governance project in the rural sector.		WA
WA has developed and implemented rural obstetric guidelines which reflect best practice within rural settings.	The guidelines provide information to guide community expectation in relation to obstetric services in addition to guiding medical practitioners.	WA
A rural health services benchmark program is in progress, where like services are compared. The regional hospitals of Albany, Geraldton, Bunbury and Kalgoorlie for example have had external consultants benchmark their services such as meals per patient day and compare them.		WA
To enable Health Services to review their management processes, WA is currently piloting Organisational Self Assessment .	Organisational Self Assessments have been conducted at the Department of Health, teaching and non-teaching hospitals and rural Health Service.	WA

Program	Outputs/Outcomes	
In 2001, the Department of Health established an accreditation working party to carry out a review of accreditation systems and processes used within the WA Public Health System and to propose a direction for the future.	The report of the Working Party: <ul style="list-style-type: none"> • outlines a framework describing the essential elements of an accreditation system that could be used for rural health services in WA; and • makes recommendations to support the implementation of the framework, particularly in rural and remote regions. 	WA
A Credentials and Clinical Privileges Committee for delineation of GPs providing services to rural facilities has been established.	All rural GPs with admitting rights to rural inpatient facilities have privileges delineated.	TAS
A State Interview Panel for implementation of Rural General Practice Workforce Initiative has been established.	Broader stakeholder involvement in recruitment, appointment, support and retention of medical practitioners in rural areas.	TAS
The Public Health Bush Book was launched in April 2000 and is on its second printing. The two-volume resource focuses on health as a way of working and provides practical guidelines and stories for public health practice in rural and remote areas.	The Bush Book is designed for primary health care, public health and community workers and is a standard text in the Department of Health and Community Services.	NT
The Department's Health Promotion Principles and Practices training course is nationally accredited. It is designed for primary health care and public health workers, and is available as a three-module course or a 14 module on-the-job training course focussing on Aboriginal health promotion. The Public Health Bush Book is now the standard text. Course material is also adapted for health promotion training in other settings.		NT
Service Level Agreements that are being negotiated between the Service Development Unit of the Department for Health and Community Services and remote health service providers within the Department will incorporate a quality improvement component against which services will be required to report.		NT
Guidelines Standard Audit Teams have been established for five preventable chronic diseases and care plans and protocols have been implemented for diabetes, heart, renal, hypertension and respiratory diseases.		NT

Program	Outputs/Outcomes	
<p>The Central Australian Rural Practitioners Association Standard Treatment Manual is widely recognised as the most appropriate manual for clinical management in remote health services in the NT.</p>	<p>The first edition was produced for use in Central Australia in 1992. Planning and development of the new (4th) edition, which will have Territory-wide application for Government and non-Government health services, is at an advanced stage.</p> <p>Two products will be available; a hard copy for everyday clinical use and, a background document containing the evidence base available on a website or CD-ROM.</p>	NT
<p>The Clinical Procedures Manual for Remote and Rural Practices is a welcome addition to the resources that health workers can access in dealing with the range of health problems encountered in rural and remote health care settings.</p>	<p>The first edition of the manual (2001) produced by the Council for Remote Area Nurses has recently been released for use in all NT remote health centres.</p>	NT

GOAL 5 Maintain a skilled and responsive health workforce

Overview

Commonwealth

In recent years a broad range of Commonwealth programs have been implemented to improve recruitment and retention of doctors to rural and remote areas. Programs include:

- a range of scholarship programs assisting up to 600 students at any one time;
- medical education delivered in regional areas through the [University Departments of Rural Health, Rural Clinical Schools](#) and the [James Cook Medical School](#);
- two hundred dedicated places in a [Rural Training Path for General Practice Registrars](#);
- funding for 66 rural [Divisions of General Practice](#) aimed at improving linkages with other health professionals and achieving improved patient outcomes; and
- support for rural specialists including advanced training, locum support and outreach assistance.

The Commonwealth has also funded programs to support rural nurses including:

- re-entry and upskilling scholarships;
- one hundred and ten undergraduate nursing scholarships for rural students;
- scholarships for rural and remote nurses for postgraduate studies or conference attendance; and
- midwifery upskilling.

The [Rural and Remote Pharmacy Workforce Development Program](#) provides a range of support for rural and remote pharmacists and for students including undergraduate scholarships, an emergency locum service and grants for innovative local infrastructure and support projects.

Difficulties in recruiting and retaining a rural health workforce, particularly non-medical, are having an impact on the ability to deliver health services in rural and remote areas. For example, [Regional Health Services](#) are experiencing difficulty in recruiting allied health professionals to fill available positions. In future, the Commonwealth may provide additional support for non-medical health professionals.

New South Wales

NSW Health has recently completed a review of strategies which support health workforce education, training, recruitment and retention in rural NSW. The recommendations promote a comprehensive and integrated range of strategies for the education, training, recruitment and retention of both the current and future rural workforce. In addition, the Report supported the ongoing role of [Rural Health Training Units](#) in NSW, and the extension of this model to establish three additional [Area Health Services](#). Consideration is also being given to the establishment of student placement coordinators in rural Area Health Services.

NSW Health is currently putting into action the following initiatives in order to ensure the maintenance of a skilled and responsive rural health workforce:

- [Targeted Inland Recruitment Scheme](#);

- Rural Medical Undergraduates Initiatives Program;
- Rural Resident Medical Officers' Cadetship Program;
- Rural Health Services Management Course Scholarships;
- Rural Registrars' Training Program;
- Advanced Specialty Training Posts in Rural Areas Program;
- establishment of nurse practitioners positions in rural and remote NSW. A number of other nursing recruitment, training and retention programs also exist;
- Rural Allied Health Scholarships and Clinical Placement Grants; and
- Rural Accommodation Capital Program and the upgrade of student accommodation in rural Area Health Services. NSW Health is providing additional capital funding in order to address residential accommodation issues for staff in remote areas.

Victoria

The Victorian Department of Human Service's achievements in working towards maintaining a skilled and responsive health workforce include:

- development of a more stable, skilled and flexible allied health workforce, achieved through management, partnerships and innovative client-focussed service delivery;
- improving nurse to patient ratios in rural and regional hospitals;
- identifying training needs and developing training programs and specific curriculums for health professionals in rural areas;
- provision of appropriate clinical and organisational trauma education for service providers in regional and rural areas;
- the Rural Medical Clinical Schools, which is a State–Commonwealth collaboration that provides an opportunity for medical students to receive up to 50 per cent of clinical training in the last five semesters of their training in rural hospitals in Victoria;
- implementation of a Learning and Development Strategy for disability services staff;
- delivery of Accredited Training to all Aboriginal Home and Community Care workers across Victoria, which has involved consultations with regional networks of Aboriginal agencies to identify training needs, priorities and preferences for delivery of training;
- the Overseas Trained Doctor Rural Recruitment Scheme, which is recruiting suitably qualified GPs to 63 rural locations in Victoria and provides support and mentoring to doctors on the scheme; and
- establishment of the Victorian Branch of Association for Australian Nurses Inc, which is developing support mechanisms to enable nurses working in rural Victoria to share their work with colleagues and to discuss issues related to their work environment.

Queensland

Queensland Health has examined rural recruitment and retention issues through two major taskforces:

- the Ministerial Taskforce on Nursing Recruitment and Retention which, among other things, resulted in a rural undergraduate scholarship scheme; and

- the [Director-General's Allied Health Recruitment and Retention Taskforce](#), which aimed to expand recruitment and retention strategies, particularly in rural and remote areas; improve organisation and management of rural and remote allied health services; and increase the size of the Indigenous allied health workforce.

In 1999, the Queensland Government amended the *Medical Act 1937* to allow suitably qualified overseas-trained doctors who obtain Fellowship of the Royal Australian College of General Practitioners to practise in areas of need. The [Doctors for the Bush](#) program recruits suitably qualified Australian and overseas-trained doctors to small, remote communities.

Through its [Aboriginal and Torres Strait Islander Indigenous Workforce Strategy](#), Queensland Health aims to increase Indigenous representation in its workforce from the current 1.86 per cent to at least 2 per cent. The [Indigenous Undergraduate Nursing Scholarship Scheme](#), the [Allied Health Rural Undergraduate Scholarships](#) and the [Indigenous Allied Health Cadetship Program](#) are some of the initiatives aimed at boosting the Indigenous health workforce.

Rural Health Training Units provide the current and future rural health workforce with high quality support, education and training required by rural practitioners to competently perform their duties.

These and many other specific initiatives help to secure a more highly skilled and responsive rural health workforce for Queensland Health.

South Australia

The South Australian Department of Human Services is committed to ensuring that the skills and needs of the rural health workforce are recognised and supported. The Department values the participation of Aboriginal and Torres Strait Islander peoples in the health workforce and is actively developing initiatives and encouraging their participation in health service delivery. Recruiting, training and retention of staff at all levels remain priorities for The Department.

Key achievements under Goal 5 have included:

- improving the capacity and skill levels of the country workforce through workforce development;
- improving the range of resident and visiting specialist services;
- recruiting and retaining GPs, nurses and allied health professionals;
- training to meet the skills/knowledge objectives of the rural workforce;
- developing rural training access arrangements for staff development priorities;
- facilitating additional rural medical placements and medical scholarships;
- supporting rural medical student placements;
- supporting culturally appropriate learning environments;
- encouraging nursing training pathways; and
- expanding recruitment and retention strategies.

Western Australia

The Health Department of Western Australia commenced a review of Western Australian Health Practitioner Legislation in 1987. In 1998 the Department produced a discussion paper, *Review of Western Australian Health Practitioner Legislation*, to alert interested parties that the review was being undertaken.

The review of legislation included the following: *Chiropractors Act 1964, Dental Act 1939, Dental Prosthetists Act 1985, Nurses Act 1992, Occupational Therapists Registration Act 1980, Optical Dispensers Act 1966, Optometrists Act 1940, Osteopaths Act 1997, Pharmacy Act 1964, Physiotherapists Act 1950, Podiatrists Registration Act 1984 and Psychologists Registration Act 1976.*

The aims of the review project are as follows:

- to enhance protection for health consumers in Western Australia;
- to satisfy the National Competition Policy legislation review requirements;
- to recognise the significant contribution made by members of registration boards by providing them with legislation that:
 - facilitates administrative efficiency; and
 - incorporates appropriate indemnities and protections; and
- to provide the health consumers of Western Australia with effective, readily understandable and, so far as possible, uniform health practitioner legislation.

In addition to this review, the Health Department forged a landmark agreement with the Commonwealth to allow [Overseas Trained Doctors](#) with vocationally trained status to be given Medicare provider numbers restricted to areas of unmet medical need. This program has resulted in 48 GPs being recruited to rural Western Australia.

Tasmania

Tasmania faces significant disadvantages through its relative isolation, small workforce and dispersed population, and is almost entirely dependent on inter-State universities for the training and ongoing professional development of allied health staff. The [Telehealth Tasmania Network](#) (funded through the Regional Telecommunications Infrastructure Fund) is well-used and has made a significant contribution to supporting rural health workers.

Northern Territory

The rural and remote health service environment in the Northern Territory is diverse. This diversity is reflected in the need for a highly skilled workforce that is responsive to the particular needs of local communities.

[Multidisciplinary primary health care teams](#) comprising GPs, remote area nurses and Aboriginal health workers in larger communities, and remote area nurses and Aboriginal health workers (supplemented by visiting District Medical Officers) in medium and small communities, provide the bulk of primary health care services in remote communities. Health care teams are also involved in providing a range of more specialised services, including palliative care, renal dialysis, home care, hearing health and specialist outreach services.

Other health professionals operating in the rural and remote environment include allied health professionals, dentists and dental therapists, nutritionists, audiologists, community pharmacists, Strong Women workers, health promotion officers and mental health workers.

Clearly, maintaining skills and responsiveness of such a diverse rural and remote health workforce in response to an equally diverse and multifaceted Aboriginal health problem is a difficult task.

The Department of Health and Community Services has developed an extensive range of training programs which aim to improve the effectiveness of work in Aboriginal communities. These are targeted to both Indigenous and non-Indigenous staff. At the same

time there is an emphasis on improving the employment and career development of Aboriginal people within the Department. Strategies to this end include the [Aboriginal Employment and Career Development Strategy](#) and [Aboriginal Workforce Development Unit](#).

The Department is a founding member of the [Aboriginal Health Worker Education, Training and Assessment Working Group](#) and works cooperatively with a number of education and training bodies concerned with training, education and assessment of the Aboriginal health workers. Fifty-three per cent of the Health Promotion Team are Aboriginal people. Aboriginal health workers form 3 per cent of the total Departmental workforce and 25 per cent of the Departmental remote area workforce.

The Department has developed and disseminated the *Public Health Bush Book* which is an invaluable resource for primary health care workers in community settings in the Northern Territory.

[Guidelines Standard Audit](#) teams and care plans and protocols have been established for five preventable chronic diseases.

Rural and remote students are encouraged through a [Studies Assistance Program](#) and an [Aboriginal and Torres Strait Islander cadetship program](#) as well as through promotion, resources and career expos.

Australian Capital Territory

In the Australian Capital Territory, bonuses for working in ‘areas-of-need’ and scholarships for re-entry/refresher programs and postgraduate study have been offered to attract and retain nurses in the public and private sectors. Training packages, offering up-skilling opportunities for nurses working in aged care in an acute and residential aged care environment have been introduced. Undergraduate medical training continues, with the practitioners rotating between teaching and rural base hospital placements. A new medical school, located on the campus of the Australian National University, is due to open in 2004. Universities in Canberra continue to offer allied health undergraduate and postgraduate teaching programs. Strong professional networks continue to be developed across the State–Territory and international boundaries, ensuring that our workforce is informed of new practices and issues as they emerge.

5.1 Legal and professional barriers to practice

Remove legal and professional barriers to practice for health professionals in rural, regional and remote Australia in order to promote flexible services and improve clinical and management capacities

Review of legislation

Program	Outputs/Outcomes	
<p>The Review of the Trade Practices Act 1974 will investigate:</p> <ul style="list-style-type: none"> • the impact of the Act on medical practitioners in regional and rural Australia; • the economic and social impacts on rural medical practitioners, and the communities they serve; • public benefits, if any, from altering the application of the Act to rural medical practitioners; • measures that could be taken to facilitate the flow of medical practitioners to rural and regional Australia; and • measures to create greater awareness of the Act in the medical profession and the community. 	<p>The review was announced in August 2001 and is expected to report to the Commonwealth Health Minister in mid-2002.</p>	CW
<p>Amendment of the Medical Act 1937 has established a pathway to registration for general practice in areas of need for suitably qualified overseas-trained doctors who obtain Fellowship of the Royal Australian College of General Practitioners.</p>	<p>In two years, approximately 48 overseas-trained doctors have received special purpose registration by the Medical Board of QLD to practice in areas of need. This has benefited regional areas, permitting them to retain the service of well-qualified GPs.</p>	QLD
<p>The Department of Health commenced a review of Western Australian Health Practitioner Legislation in 1987. A discussion paper, <i>Review of Western Australian Health Practitioner Legislation</i> was released in 1998.</p>	<p>The aims of the review project are to:</p> <ul style="list-style-type: none"> • enhance protection for health consumers in WA; • satisfy the National Competition Policy legislation review requirements; • recognise the significant contribution made by members of registration boards; and • provide health consumers with effective, readily understandable and, so far as possible, uniform health practitioner legislation. 	WA

Improving clinical and management capacity

Program	Outputs/Outcomes	
<p>The Overseas-Trained Doctors program aims to:</p> <ul style="list-style-type: none"> provide for States and Territories to recruit overseas-trained doctors into rural locations where there has been a long-term medical workforce shortage; and provide places in medical schools for overseas-trained doctors as an alternative to the Australian Medical Council Examination. The doctor is required to work in a rural or remote area for five years following completion of their internship. 	<p>State overseas-trained doctor recruitment is established or in the process of being established in all States and the NT. Commonwealth funding has been provided to assist with the schemes in WA, QLD, TAS and the NT.</p> <p>Under the new State and Territory overseas-trained doctor recruitment schemes there was a total of 119 doctors at 6 February 2002.</p>	CW
Stable and Flexible Rural Allied Health	Enables the development of a more stable, skilled and flexible allied health workforce, achieved through management, partnerships and innovative client-focussed service delivery.	VIC
Rural Dermatology Registrar Travel Scheme	Under the Scheme, a dermatologist visits designated rural centres on a rotational basis to provide a monthly consulting service.	VIC
Telemedicine Conferencing	A pilot program of multidisciplinary telemedicine conferences was conducted from a major metropolitan teaching hospital and video-linked with rural physicians, trainee physicians and other health, medical and administrative staff.	VIC
Rural Clinical Schools	Nurse-patient ratios in rural and regional hospitals have been improved.	VIC
Rural Specialist Services Grants foster and maintain specific specialty services in rural regional and sub regional hospitals.		VIC
Nurse Practitioner Pilot Project (Barwon South Western Region) provides rural and remote nurses with the authority to prescribe some emergency medications and to refer people to appropriate services.		VIC
QLD Health's Rural Medical Indemnity Scheme for Rural Private GPs aims to support GPs in providing services where no specialists are available.	The Scheme provides a subsidy to GPs who perform procedures, such as obstetrics, anaesthetics and surgery, in towns where there is no specialist available to provide the required procedure/s. Indemnity has also been extended to Medical Superintendents with Right of Private Practice for procedures performed on private patients in public hospitals or in their private rooms.	QLD

Program	Outputs/Outcomes	QLD
<p>Medically Underserved Communities of QLD (MUCs-Q) is a tool developed by QLD Health to assess the GP needs of QLD communities relative to the whole of Australia.</p>	<p>MUCs-Q is now in general use to determine relative demand and supply of GPs in rural, remote and regional communities of QLD.</p>	QLD
<p>The Rural and Isolated Practice Endorsement enables registered nurses in isolated practice areas to initiate treatment and administer specific drugs and poisons in line with a protocol.</p>	<p>Legislation was amended to achieve this result. There is an accredited education program for nurses to gain endorsement.</p>	QLD
<p>The QLD Health Rural and Remote Nursing Relief Program aims to provide a pool of relief nursing (registered and enrolled) staff for QLD Health's rural and remote facilities.</p>	<p>This pool of relief nurses will be used for planned relief for periods of up to four months duration. It is expected that the Program will be operational in mid-2002.</p>	QLD
<p>The Independent Living Centre Database initiative aims to provide staff with direct access, at a local level, to unbiased, comprehensive and up-to-date information on aids, equipment resources, suppliers and manufacturers.</p>	<p>The availability of this information reduces delays in patient discharge and helps to resolve functional problems for patients returning home. It minimises duplication of effort in sourcing information and provides an opportunity for informed decision-making and prescription of aids and equipment for staff, patients and carers. It is particularly useful for staff in rural health facilities.</p>	QLD
<p>The Rural and Isolated Pharmacy Project is developing the Pharmacy Qualifications in Health Training Package and core competency standards for Pharmacy Assistants and Pharmacy Technicians.</p>	<p>Core competency standards have been approved and a training package is being developed.</p>	QLD
<p>The QLD Credentialing and Clinical Privileging for Rural Medical Practitioners Project assessed the credentials and recommended clinical privileges for:</p> <ul style="list-style-type: none"> • rural medical practitioners employed by QLD Health; and • GPs and Visiting Medical Officers with admitting rights to QLD rural health facilities. 	<p>The Project has enabled all QLD Health medical practitioners and approximately 100 rural GPs to complete the credentialing process.</p>	QLD
<p>The Cross Government Group on Regional Workforce Retention, Recruitment and Accommodation Shortages will develop strategies to address the issue of regional workforce retention, recruitment and accommodation shortages.</p>	<p>Directions for a whole of Government response was developed in 2001. Implementation is currently being considered.</p>	SA

Program	Outputs/Outcomes	
The Rural Doctors Workforce Agency is jointly funded Commonwealth and State agency. The agency aims to ensure that sufficient numbers of medical practitioners enter and are maintained in rural areas with the appropriate skills and ongoing education to enable them to meet community needs. The agency facilitates: rural locum service/solo practitioners locum support scheme; continuing medical education; recruitment and retention of GPs and specialists in rural and remote areas; recruitment of overseas trained doctors; and the Medical Specialist Outreach Assistance Program.	The Agency has been very successful in recruiting doctors from overseas with 49 recruited between July 2000 and December 2001.	SA
The Department of Health has an agreement with the Commonwealth to allow Overseas Trained Doctors with vocationally trained status to be given Medicare provider numbers restricted to areas of unmet medical need.	This program has resulted in 62 GPs being recruited to rural WA.	WA
Standing order authorising remote area nurses limited prescribing ability	Nurses and Aboriginal health workers in remote locations are given authorisation to prescribe and dispense antibiotics.	NT

5.2 Training programs

Tailor training programs to the needs of health professionals and the communities in which they work

Medical training

Program	Outputs/Outcomes	
General Practice Education and Training aims to: <ul style="list-style-type: none"> establish a national framework for regionalisation and contestability of vocational training for GPs, including the funding and allocation of places; monitor progress with implementation; and ensure that vocational training is well structured and produces doctors who are capable of meeting community needs, in particular those of rural and remote areas. 	Regionalisation commenced in January 2002. 15 'start up' consortia for training in 2002 and 11 'development consortia' to commence training in 2003 have been approved. An evaluation committee has been established to look at the implementation and operation of the new training arrangements.	CW
Advanced Specialist Training Post in Rural Area	One surgical post and one general medical post were funded for the calendar year 2000 at the Ballarat Base Hospital. Supports an Advanced Trainee in Surgery/Paediatrics post for the 2001 calendar year.	VIC

Program	Outputs/Outcomes	
Rural Professorships enable nominated specialists to visit rural areas and spend a day workshopping with local doctors in the areas of their specialities.		VIC
Rural Medical Clinical Schools provide opportunity for medical students to receive up to 50% of clinical training in the last five Semesters of their training in rural hospitals in VIC (in collaboration with the Commonwealth Government).		VIC
QLD Health assists its rural doctors by organising a Country Relieving service provided by Resident Medical Officers employed in the larger hospitals. These doctors provide a service crucial to the sustainability of rural practice in QLD.	The QLD Rural Medical Support Agency , funded by QLD Health, has developed an intensive 2-day course (Rural Practice Preparation) for young doctors. See case study below.	QLD

The life of a country GP — for a few weeks

- Country relieving is one of the most dreaded experiences of the junior doctor. The experience gained in the intern year seems inadequate. The Rural Practice Preparation course in Queensland provides training on how to manage crises when all alone in the country as well as covering smaller problems that doctors in the country may face.
- Dr Ben Hope, a recent country reliever, said that ‘the truth about the rural experience is that the majority of the work is general practice related and not trauma or horrible emergencies. This kind of work brings its own set of challenges. My time as a medical student and experience from internship did nothing to prepare me for many of the things I encountered. For example, I can’t imagine that the blank look that I gave the man who had hiccups for 10 days straight instilled much confidence.
- ‘The vague feeling of unease that comes from knowing you are responsible for any potential disasters settles quickly once the routine takes over. The work is by and large no drama and the people are so friendly. Being on call 24 hours a day can lead to weariness, but there are quiet times to make up for the broken sleep. The most comforting thought to sustain you is that no matter how far away you are physically, advice is always available from someone only a phone call away’.

Nursing

Program	Outputs/Outcomes	
Rural and Remote Midwifery Upskilling Program	See Goal 5.6	CW
Maternal and Child Health Nurses Core Skills Training develops core knowledge, attitudes and skills necessary to address common issues relating to parents/families with alcohol and drug use.	164 nurses received core skills training in 2000–2001.	VIC
The Infection Control Liaison Nurse training package (Grampians Region) aims to up-skill ward staff to assist the incumbent infection control practitioner with day-to-day infection control activities.	52 nurses across the region have attended training.	VIC

Program	Outputs/Outcomes	
Clinical Skills Update Training for Bush Nurses in Victoria assists remote nurses in keeping abreast of changes occurring in the provision of health care.		VIC
Remote and Rural Midwifery Up-Skilling Course (Loddon Mallee Region) promotes continuing improvement in the quality of care delivered by midwives.	Theoretical and clinical educational opportunities are provided in an accessible format for 60 midwives over a three-year period.	VIC
QLD Health has developed Transition Programs to assist nurses develop the knowledge and skills necessary to practise competently and safely in a new clinical environment. These educational programs include formal assessments and are articulated into tertiary level courses.	Programs will be available in the areas of: aged care, emergency, high dependency, intensive care (adult and paediatric), medicine / surgery, neonatal, neuroscience, oncology, paediatric and child health, perioperative and renal.	QLD
The Rural Midwifery Skills Enhancement Program is a Commonwealth–State program for rural/remote area midwives to enhance their clinical skills.	The Program includes use of a theoretical workbook, self-assessment and a clinical placement. 300 rural and remote area midwives have completed the program.	QLD
Financial scholarships to support post-registration study are available for nurses employed by QLD Health. One of the categories for scholarships is rural/remote.		QLD
QLD Health initiated the Rural and Isolated Practice Registered Nurse Course .	Course materials on primary health care have been developed, including a CD-ROM, students and assessors guides, and flexible self-paced learning packages. On-site workshops, training of local assessors and mentoring of students in the course have been held to assist the rapid uptake of the approved Health Management Protocols in the <i>Primary Clinical Care Manual</i> .	QLD

Other training

Program	Outputs/Outcomes	
Indigenous Health Training uses a coordinated, collaborative, needs-based approach to improve training and support for GPs to prepare them for work in Aboriginal and Torres Strait Islander communities.		CW
Health Promotion Workforce Development Program — Core Health Short Course	The five-day Health Promotion Practice short course designed for primary health care practitioners has been attended by 130 practitioners from rural regions since June 2001.	VIC

Program	Outputs/Outcomes	VIC
<p>Public Health Nutrition Workforce Development identifies the training needs of managers, nutrition experts, and non-nutrition health workers to be effective in promoting healthy eating and other public health nutrition activities.</p>		VIC
<p>Heroin and Methadone Project supports a community-based approach to medical and pharmacy professional development and training in methadone maintenance programs.</p>		VIC
<p>Rural Ambulance Victoria's Emergency and Community Safety Program includes key initiatives: skill development of Area Management Teams; enhancement of occupational health and safety systems; casual ambulance officer development; and community reference group and auxiliary development.</p>		VIC
<p>A Learning and Development Strategy for disability services staff supports career pathways through qualification acquisition that is linked to all jobs. Clear articulation of relevant job competencies will result in greater career and employment opportunities.</p>		VIC
<p>Local partnership arrangements between mental health and Koori Health Services include cultural awareness training for mental health service staff, and training in mental health service delivery for Koori staff.</p>		VIC
<p>Cultural Awareness Training Project (Loddon Mallee Region)</p>	<p>Training has been provided to both Department of Human Services and funded agency staff.</p>	VIC
<p>Boards of Management Training assists Boards in making informed decisions in relation to service provision.</p>		VIC
<p>Development and distribution of video or CD intensive care education packages for patient-controlled analgesia staff in regional health agencies (Grampians Region).</p>	<p>Prototypes have been trialed and the final product is being produced.</p>	VIC
<p>Production and distribution of an intensive care orientation package for use by all agency staff (Grampians Region)</p>	<p>Package used by all agencies and West Victoria Division of GPs.</p>	VIC
<p>Enhanced Access to Training/ Professional Development Opportunities (Loddon Mallee Region)</p>	<p>Provision of flexible delivery options through use of videoconferencing facilities in training /information sessions.</p>	VIC

Program	Outputs/Outcomes	QLD
<p>Rural Health Training Units have been established to provide the current and future rural health workforce with high quality support, education and training. Multidisciplinary training programs contribute to the development of more effective working arrangements between teams of health professionals.</p>	<p>Training packages are available on CD-ROM and continuing medical education is available through satellite broadcasts.</p>	QLD
<p>The Department of Health is looking at the feasibility of an allied health assistant training program in an attempt to provide an improved service to rural, regional and remote communities. The Midwest Health Service is currently trialing this program.</p>		WA
<p>Career structure assessment and training initiatives include:</p> <ul style="list-style-type: none"> • Aboriginal Health Worker Career Structure; • Aboriginal Community Services Worker Career Structure; • Indigenous Environmental Health Worker Career Development; • Health and Community Services Leadership Development Strategy; and • Preventable Chronic Diseases Training Framework. 		NT
<p>Preservice and professional development education and training programs are available for all non-Aboriginal health professionals employed by the Department of Health and Community Services to improve the effectiveness of staff working in Aboriginal communities.</p>	<p>Specific programs include:</p> <ul style="list-style-type: none"> • orientation programs for urban and remote area personnel; • working effectively with Aboriginal colleagues, clients and organisations / Aboriginal Cultural Awareness Program; • Remote Area Trauma Education Program; • Pathway for professional practice for Remote Area Nurses; • Midwifery Upskilling Program; • Well Women's Screening Course; • Managing Chronic Diseases Course; • Health Promotion Principles and Practice Training Program; • Alcohol and Other Drugs Qualifications; • Health And Community Services Leadership Development Program; and • Kigaruk Aboriginal Male Leadership Development Program. 	NT

5.3 Participation of Aboriginal and Torres Strait Islander peoples in education and management

Implement education and employment strategies to encourage greater participation of Aboriginal and Torres Strait Islander peoples in health sciences education and management

Education

Program	Outputs/Outcomes	
The Rural and Remote Pharmacy Workforce Development Program provides scholarships to Aboriginal and Torres Strait Islander students to encourage and enable them to undertake undergraduate studies in pharmacy.	Three scholarships of \$15,000 each year for four years are available each year.	CW
Commonwealth Undergraduate Remote and Rural Nursing Scheme See also Goals 5.5 and 5.6.	10 scholarships worth \$10,000 annually are available for Indigenous nursing students or Aboriginal health workers who want to upgrade their qualifications.	CW
The Rural Australian Medical Undergraduate Scholarships program provides scholarships for students with rural backgrounds who enter and complete their study of medicine.	See Goal 5.7	CW
NSW Health is supporting an Indigenous Medical Student Scholarship Scheme put forward by Rotary.	The scholarships are worth \$5,000 per person each year for the last three years of study. The program will be jointly funded (on a 50:50 basis) by NSW Health and participating Rotary clubs.	NSW
Accredited Training to all Aboriginal Home and Community Care workers across Victoria.	Consultations have been held with regional networks of Aboriginal agencies to identify training needs, priorities and preferences for delivery of training. Training providers have been selected and training plans developed.	VIC
Under the Indigenous Allied Health Cadetship Program , QLD Health, in partnership with the Commonwealth Department of Employment, Workplace Relations and Small Business, offers cadetships for Aboriginal and Torres Strait Islanders currently undertaking university studies in allied health disciplines.	Students are permanently employed at the start of their cadetship, ensuring a position with QLD Health at the end of their studies. Four Indigenous allied health Cadets are currently employed within QLD Health.	QLD
QLD Health provides funds for James Cook University to provide a Bachelor of Nursing Program in Mt Isa.	50% of student places (five) each year are for Indigenous students.	QLD

Program	Outputs/Outcomes	
The Quality Improvement and Enhancement Program provides improved training, orientation and support for isolated health workers (predominantly Indigenous health workers undergoing approved isolated health worker training) in the <i>Primary Clinical Care Manual</i> and Collaborative Practice Model.	Training has been completed in the Cairns area. Training in Mt Isa and the Northern Peninsula Area is scheduled for 2002. The development of a telehealth module for the Indigenous health worker approved training course is under consideration.	QLD
The Indigenous Women's Cancer Peer Education Program is a competency-based training for female Indigenous health workers. It provides information about breast and cervical cancer screening for 'peer educators'.		QLD

- The **Pika Wiya Unique Centre of Learning** in Port Augusta, **South Australia** aims to establish a culturally appropriate and supportive learning environment for tertiary Aboriginal students keen to pursue nursing and allied health careers. The Centre is a collaborative initiative between the Department of Human Services, Commonwealth Department for Health and Ageing, University of Adelaide, Flinders University and University of South Australia, TAFESA, Port Augusta Hospital and Pika Wiya Aboriginal Health Service.
- An Aboriginal coordinator has been appointed to provide the following for students:
 - administrative, academic and financial support networks;
 - promotion of peer support and role modelling to the Aboriginal community; and
 - advocacy for Aboriginal students to training providers, community organisations and employment organisations.
- Stage 1 (to be completed April 2002) will involve the building of a study and training facility with stage 2 providing lecture room and quiet study facilities.

Program	Outputs/Outcomes	
The Sexual and Reproductive Health Care Certificate developed by SHineSA (Sexual Health information, networking and education SA Inc.) is the only nationally accredited course for Aboriginal and Torres Strait Islanders including health promotion and education. It provides opportunities to increase skills for Aboriginal health workers to meet the needs of their own communities.	Two separate programs have been developed, the men's and the women's sexual health course for Aboriginal and Torres Strait Islander workers. 61 women and 23 men have completed the course. Coordinators of the program have also developed the Investing in Aboriginal Youth Project a two-day peer education program focussing on prevention strategies.	SA
The Office of Aboriginal Health funds a Scholarships and Training Support Program to improve the intake and skill levels of Aboriginal people in the health services.	2000–2001 saw increased numbers of scholarship applications and grants to Aboriginal students in the health professions.	WA

Program	Outputs/Outcomes	
The ACT Government funds the University of Canberra to manage the Ginninderra Scholarship for Aboriginal and Torres Strait Islander Nursing and Medical Students . The aim of the Scholarship is to increase access to qualified Indigenous health workers in the medical and nursing fields.	The Scholarship provides for one additional nursing and one additional medical scholarship per year. The Scholarship supported five nursing and medical students in 2000–2001.	ACT

Employment

Program	Outputs/Outcomes	
Local Learning and Employment Network (Loddon Mallee) aims to establish an integrated, effective education, training and employment network that meets all the learning needs of young people, industry and the broader community.		VIC
Youth Employment Scheme targets Koori younger people in the Hume Region for employment through the Department of Human Services.	Six Indigenous positions to be made available throughout the Gippsland Region located in Juvenile Justice, Information Technology and Business Administration	VIC
Health Promotion Workforce Development Program — Core Health Short Course Koori adaptation.	Negotiations are currently underway for the Loddon Mallee Aboriginal Reference Group to manage a project to adapt the current health promotion short course for Koori health workers. All stakeholders indicate support for the project.	VIC
The Department of Health has had input into a national review of Aboriginal health worker (AHW) training and employment . This has been supported by a State review of AHW training needs in WA. The Department of Health is also supporting the review of national competency standards for AHWs.	Recommendations from the State review have formed the basis for proposed joint Commonwealth/State/community actions aimed at improving the Aboriginal health workforce.	WA

- Aboriginal health workers form 3 per cent of the **Northern Territory** Department of Health and Community Service's total workforce and 25 per cent of its remote area workforce. These employees are integral to the successful implementation of Aboriginal health improvement programs.
- The Commissioner for Public Employment signed a determination in 1997 establishing a **new career structure for Aboriginal health workers**. The Department has signed an Enterprise Bargaining Agreement to ensure that the Aboriginal Health Worker Career Structure is implemented. This career structure is now operating across government and non-government sectors.
- To date, over 70 per cent of Aboriginal health workers employed by the Department have completed the self assessment process, indicating their intention to engage further in career development and commitment to high quality service delivery.

Program	Outputs/Outcomes	NT
<p>Aboriginal Employment Career Development Strategy aims to increase Aboriginal career opportunities in the Government health sector.</p>	<p>Initiatives to implement this strategy have included embedding the focus of Aboriginal employment and career development into the Aboriginal Workforce Development Unit (see below).</p>	NT
<p>The Aboriginal Workforce Development Unit was established within Workforce Development, Strategic Workforce Services, as well as a dedicated Aboriginal Employment Career Development operational position in the Central Australian Service Network.</p>	<p>Specific initiatives have included:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Studies Assistance grants; • Aboriginal and Torres Strait Islander Cadetship Program; • Career information fact sheets for Aboriginal and Torres Strait Islander people; • Kigaruk (Aboriginal Male Leadership Development Program); • Aboriginal Mentorship Program; • Aboriginal Community Services Worker Career Structures; and • Structured Training and Employment Program in Alice Springs. <p>It is noteworthy that 53% of the Health Promotion Team in Department of Health and Community Services are Aboriginal people who occupy policy and health promotion officer positions.</p>	NT

5.4 Support for Aboriginal and Torres Strait Islander staff

Encourage and support Aboriginal and Torres Strait Islander staff to work in all health services

- Endorsement and implementation of the **Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework** will guide workforce activities within the Commonwealth and the States and Territories. This will be the major focus of the Office of Aboriginal and Torres Strait Islander Health's workforce development activities over the next four years.
- The Framework has five key objectives:
 - increasing the number of Aboriginal and Torres Strait Islander people working across all the health professions;
 - improving clarity around the role of Aboriginal and Torres Strait Islander health workers, and improving their regulation and recognition;
 - improving the effectiveness of training, recruitment and retention measures that target non-Indigenous health staff working in Aboriginal primary health care services;
 - addressing the role and development needs of other workforce groups (eg in allied health professions); and
 - setting up a framework of clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organisations and people to drive this process.

Program	Outputs/Outcomes	
<p>Commonwealth Undergraduate Remote and Rural Nursing Scheme See also Goals 5.5 and 5.6.</p>	See Goal 5.3	CW
<p>University Departments of Rural Health See box on page 195.</p>	<p>Training of Aboriginal and Torres Strait Islander health workers is a priority for the 10 university departments of rural health.</p> <p>The departments also conduct cultural awareness training for health profession students.</p>	CW
<p>Funding is provided to support the Central Australian Rural Health Development Services to support the development of the primary health care workforce of Central Australia through the provision of post-basic, in-service training targeting Aboriginal health workers.</p>	Funding of \$2m has been provided for the period 2000–2003.	CW
<p>The National Aboriginal and Torres Strait Islander Health Communication Strategy aims to inform stakeholders about Commonwealth activities undertaken to improve the health status of Aboriginal and Torres Strait Islander peoples.</p> <p>The Strategy will continue to be implemented, with initiatives contributing to progress already made in intersectoral action and improved communication with stakeholders.</p>	<p>Touchscreens are currently being trialed as a means of providing health information for Aboriginal and Torres Strait Islander peoples.</p> <p>The Office for Aboriginal and Torres Strait Islander Health provides a quarterly newsletter and has its own website at www.health.gov.au/oatsih.</p>	CW
<p>The Trainee Enrolled Nurse program is aimed at increasing the number of Aboriginal and Torres Strait Islanders nurses in NSW. The program is being run in conjunction with NSW TAFE and the support of the NSW Nurses Registration Board.</p>		NSW
<p>INTRAIN (Indigenous Training) Scheme (Barwon South Western Region)</p>		VIC
<p>The Local Service Delivery Plan (Loddon Mallee Region) encourages and supports local organisations to employ Aboriginal people.</p>		VIC
<p>The Youth Employment Scheme (Loddon Mallee Region) provides an avenue for recruitment of young Indigenous people into the Department of Human Services.</p>	Four Indigenous trainees have been recruited in past 12 months.	VIC
<p>Certificate 2 in Community Studies (Grampians Region) is a new initiative employing an Indigenous Australian to gain experience in project work.</p>	The current focus is on youth and drug and alcohol issues.	VIC
<p>Employment of Koori staff in the Hume Region</p>	Koori people are employed in Koori liaison positions with Acute Health, Mental Health and Home and Community Care.	VIC

- Under the **Queensland Health Aboriginal and Torres Strait Islander Indigenous Workforce Strategy**, measures to improve suitability for recruitment include traineeships, scholarships and cadetships. The Indigenous target of 5 per cent has consistently been passed for traineeships. In 2001, seven Indigenous students studied nursing with the assistance of the Queensland Health Rural Scholarship Scheme.
- The Indigenous Workforce Management Strategy also seeks to employ and provide career development for Aboriginal and Torres Strait Islander people across all levels within Queensland Health. Queensland Health has appointed Indigenous Human Resource Coordinators to support the implementation of the Indigenous Workforce Strategy. The coordinators are based in Northern, Central and Southern Zones.
- The Aboriginal Health Worker and Torres Strait Islander Health Worker Competency Assessment Program implements the National Aboriginal Health Worker and Torres Strait Health Worker Competency Standards.

Program	Outputs/Outcomes	SA
The Department of Human Services has made Aboriginal Employment an immediate priority. A five-year Aboriginal Employment and Training Strategy is being developed.	<p>SA has been selected as a pilot region for a national Aboriginal workforce project. Aboriginal Contact Officers within the Department act as mentors for Aboriginal employees and provide support and advice.</p> <p>A review has been completed into status, support arrangements and training needs of Aboriginal health workers and a reference group established to implement the recommendations. The Department is proactive in providing career development and study opportunities for Aboriginal employees across the portfolio.</p> <p>An Aboriginal Counselling Service has been engaged by the Department to address staff needs.</p>	SA
The Department of Human Services has developed an Aboriginal and Torres Strait Islander Peoples' Scholarship Investment Fund which can sponsor up to 20 participants per academic year studying medicine, nursing, dental surgery, behavioural science, exercise and sports medicine.	This fund will increase the presence of professionally qualified Aboriginal and Torres Strait Islander people in the Department.	SA
The Department of Health has recently negotiated an Enterprise Bargaining Agreement with an Aboriginal Health Worker Traineeship as the primary initiative.		W/A
Initiatives to support Aboriginal and Torres Strait Islander staff are outlined under Goal 5.3.	See Goal 5.3	NT

Program	Outputs/Outcomes	
The ACT Government has an Aboriginal and Torres Strait Islander Employment Strategy , and an Aboriginal and Torres Strait Islander Employment Strategy for the ACT Public Services which was released in September 2001.	The output will be a framework to increase the opportunities for Aboriginal and Torres Strait Islander peoples in employment in the ACT.	ACT
The ACT Government, through the Chief Minister's Department, facilitates the ACT Aboriginal and Torres Strait Islander Public Service Employee's Network . This network is a forum for Aboriginal and Torres Strait Islander employees to network and provide support.		ACT

5.5 Rural workforce recruitment and retention

Implement rural workforce recruitment and retention strategies in collaboration with health professionals and local communities

Doctors

Program	Outputs/Outcomes	
The HECS Reimbursement Scheme provides funding to assist young doctors wanting to work in rural and remote areas. The program gives graduating medical students the opportunity to work off their HECS debt by taking up employment in rural practice.	The application process for the first round of reimbursement following 12 months of rural practice commenced in March 2002. Approximately 100 doctors will be assisted under this scheme.	CW
The Workforce Support for Rural GPs Program provides assistance to 66 rural Divisions of General Practice to provide effective support to existing and newly arrived GPs in rural areas.	Funding of \$10.2m over four years from 2000–01 has been provided. Divisions currently use the funding for activities such as GP education, training and professional development; peer/family support; practice management; and orientation activities for newly arrived doctors, including those trained overseas, registrars and medical students.	CW
The Commonwealth has provided funding with the aim of increasing the number of general practice registrars in Australia.	Funding of \$102.1m over four years commencing 2000–01 has been provided. An additional 50 registrar training places have been provided which, with the 150 existing places, make up a dedicated Rural Training Pathway operating alongside the primarily urban 250 place General Training Pathway. The General Practice Registrars Rural Incentive Payments Scheme provides financial incentives to registrars who join the Rural Training Pathway and undertake the majority of their general practice training in rural or remote locations.	CW

Program	Outputs/Outcomes	
The Advanced Specialist Training Posts in Rural Areas program aims to support recruitment of rural specialists by providing career opportunities for trainees wishing to practise in a rural setting, and increasing the exposure of trainee specialists to rural practice. Posts contribute to health service development in rural areas.	38 posts were funded in 2002, of which 16 are new. These posts are cost-shared with the State and NT Governments, with the Commonwealth contributing \$2m each year.	CW
The Rural Specialist Workforce Support Program supports a range of College measures to support recruitment and retention of rural specialists.	By the end of 2002, 70 trainee surgeons will have participated in the Rural Surgical Training Program run by the Royal Australasian College of Surgeons. Specialist Rural Recruitment Registers have been established in two Colleges.	CW
The Rural Medical Family Support Scheme provides funds for projects to support medical families. The funds are managed by Rural Workforce Agencies.		CW
Rural Clinical Schools and University Departments of Rural Health	See box on page 195.	CW
The Targeted Inland Recruitment Scheme is a joint initiative of NSW Health and the Commonwealth Department of Health and Ageing. It is administered by the Rural Doctors Network. This program has been developed to address rural medical workforce shortages on a more permanent basis by recruiting skilled and experienced overseas trained GPs for inland towns in NSW with significant medical workforce needs.	The NSW Rural Doctors Network website contains more information on the Scheme and can be found at www.nswrdn.com.au .	NSW
Overseas-Trained Doctor Rural Recruitment Scheme supports recruitment of suitably qualified GPs to rural Victoria.	63 rural locations in Victoria have been approved.	VIC
The Doctors for the Bush program recruits suitably qualified Australian and overseas-trained doctors to small, remote communities in QLD.	From its commencement in January 2000 the program has arranged contracts for 24 doctors to provide five years service in specific rural communities. Of these, 13 have obtained Fellowship of the Royal Australian College of General Practitioners, and 10 have obtained Fellowship of the Australian College of Rural and Remote Medicine.	QLD

Program	Outputs/Outcomes	
The Rural Health Enhancement Program provides financial support to resident country doctors.	<p>The Rural Doctors Workforce Agency is supported to coordinate activities and strategies to assist the recruitment and retention of country doctors.</p> <p>The payment schedule for locum relief has been increased to reflect rising costs and attract additional locums to support the scheme.</p> <p>In addition individual health services have initiated their own recruitment strategies often with the support of local councils.</p>	SA
To contribute to the development of medical services in rural, regional and remote areas of WA, an attraction and retention package for rural doctors has been offered.	The package includes a loading of up to 25% for practice in these locations. Doctors in regional areas will receive a total increase of 7.5–10% and those practising in the Wheatbelt will receive increases of around 13.5%.	WA

Nursing

Program	Outputs/Outcomes	
Nursing Re-entry and Upskilling Scholarships target former registered or enrolled nurses living in remote and rural areas of Australia who may be considering re-entering the non-acute or private sectors of nursing (eg community health, aged care or general practice).	<p>The first round of this Scholarship Scheme was advertised in December 2001 with applications closing late January 2002. Some 60 scholarships will be awarded.</p> <p>Consideration is currently being given further options to optimise an increased level of scholarship uptake in future years.</p>	CW
The Commonwealth Undergraduate Remote and Rural Nurse Scholarship Scheme aims to remove some of the barriers to completion of an undergraduate nursing degree for students from rural and remote areas. It provides 110 scholarships valued at \$30,000 over three years. See also Goal 5.3.	The Royal College of Nursing, which administers the Scheme, received over 1,000 applications for the 110 Scholarships in 2001–2002. An additional \$300,000 was made available this financial year for 30 additional Scholarships due to the high numbers of quality applicants.	CW
Funding has been made available for the establishment of up to 40 nurse practitioner positions in rural and remote NSW. This will provide a valuable new service and enhance existing health services in rural and remote parts of NSW with limited access to medical services.	The Nurses Registration Board have developed an authorisation process and a total of seven nurse practitioner positions is currently authorised across the State.	NSW
The Nursing Scholarship Fund aims to increase recruitment of nurses in undergraduate and postgraduate nursing courses across the State, including rural areas.	\$500,000 is provided for funding and scholarships equitably distributed across the State in response to applications.	NSW

Program	Outputs/Outcomes	
<p>Rural Nurse Workforce Project promotes rural health nursing as a focus for research. The project involves a comprehensive survey of rural nurses and rural nursing issues.</p>	<p>A number of recommendations from the previous stage are being implemented.</p>	VIC
<p>Increased training places for Division 2 nurses: 2001–2003</p>	<p>1,900 training places in 2001.</p>	VIC
<p>Each year QLD Health offers 15 rural undergraduate nursing scholarships and four Indigenous undergraduate nursing scholarships.</p>	<p>60 two-year undergraduate nursing scholarships have been awarded: 15 students have completed their bonded term; 15 have commenced their bonded term; and 30 are current students.</p> <p>9 three-year Indigenous undergraduate nursing scholarships have been awarded: 3 have commenced their bonded term; 6 are currently students; and 6 scholarships have been offered for students in 2002.</p>	QLD
<p>QLD Health has developed a nursing website.</p>	<p>The website at www.thinknursing.com:</p> <ul style="list-style-type: none"> • promotes and markets nursing to encourage school students to consider nursing as a future career; • provides information for qualified nurses about options for future career development and progression; and • hosts an Internet recruitment campaign to increase national and international exposure of vacant QLD Health nursing positions. 	QLD
<p>QLD Health is establishing Nursing Re-entry / Refresher Programs as part of a state-wide approach to assisting nurses to re-enter the workforce following periods of absence.</p>	<p>The Programs will include:</p> <ul style="list-style-type: none"> • employment of nurses in vacant positions while they regain their registration or enrolment; • an advanced payment scheme to assist nurses with the cost of challenge tests and education modules; and • standardisation of refresher programs. 	QLD
<p>QLD Health has had major taskforces examining rural recruitment and retention issues as part of state-wide investigation of these issues. The Minister for Health commissioned a Ministerial Taskforce on Nursing Recruitment and Retention in August 1998.</p>	<p>The final report from the Taskforce was released in November 1999. Among its outcomes is the rural undergraduate scholarship scheme.</p>	QLD

Program	Outputs/Outcomes	
The Department of Human Services provides leadership to the profession through the development of policies and project/research initiatives that improve nursing services . Advice on professional, management and industrial issues is provided to government and industry.	The recommendations of the <i>Nurse Practitioner Project Report November 1999</i> are now being implemented. The establishment of <i>Clinical and Admitting Privileges Guidelines for Nurses and Midwives</i> will support the further development of the nurse practitioner role. A marketing campaign has been carried out to promote nursing as a professional career choice and there has been an increase of graduate nurse and graduate midwife positions in rural health units.	SA
The Midwifery Skills Enhancement program Provides for midwives to upskill at regional or metropolitan hospitals.	119 participants have been involved in the program to date.	SA
Child and Community Health has committed resources for the employment of additional child and community health nurses to provide a more comprehensive service for families and children state-wide.	Approximately half of these additional resources have been allocated to rural services.	WA
The Department of Health has negotiated incentives specifically to attract registered nurses to rural health services .	Additional days of professional development are allocated to nurses working more than 200 km from Perth. Nurses participating in the rural graduate program are also entitled to additional benefits	WA
Rural Gratuities are an incentive package for nurses employed in various rural and regional areas included in the Nurses Agreement.	Areas and benefits have been extended including allowing nurses to move between health services and retain accessibility to the gratuity scheme.	WA

Allied health

Program	Outputs/Outcomes	
Public Dental Rural Recruitment Program gives access to retraining courses, conducting regional forums, assisting agencies with advertising costs and providing access to continuing education programs for rural dental staff.		VIC
Increased training places for new care workers in residential aged care 2001	Over 200 new training places.	VIC
QLD Health provides Allied Health Rural Undergraduate Scholarships through a scheme managed by the Office of Rural Health.	QLD Health funds rural scholarships each year in the professions of physiotherapy (two), pharmacy (three), radiography (one), podiatry (one), psychology (clinical masters) (one), social work (one), occupational therapy (one), and speech pathology (one).	QLD

Program	Outputs/Outcomes	
QLD Health established the Director-General's Allied Health Recruitment and Retention Taskforce to develop initiatives to ensure the provision of allied health services to clients in need.	The following taskforce recommendations are being implemented: <ul style="list-style-type: none"> maintaining and expanding recruitment and retention strategies (particularly in rural and remote areas); improving the organisation and management of rural and remote allied health services; and increasing the size of the Indigenous allied health workforce. 	QLD
The Report on the SA Rural and Remote Allied Health Workforce provides an analysis of the SA rural and remote allied health workforce.	The report examines workforce distribution and the facilitation of student placements. This research increased the understanding of areas for effort of recruitment and retention and promoted flexible models for delivery of education.	SA
In 2001–2002, allied health services were allocated \$1m to improve rural services in particular, audiology and speech pathology services.		WA
The Department of Health has employed a Rural Allied Health Project Officer to identify key issues relevant to rural allied health attraction, retention and ongoing support needs, and to implement strategies to address these issues.	Following extensive consultation with rural stakeholders, an issues discussion paper has been developed, which will provide the basis for a state-wide strategic plan to address workforce issues impacting on recruitment and retention of rural allied health professionals. Existing initiatives include: <ul style="list-style-type: none"> a rural allied health distribution list to promote communication; a quarterly rural allied health newsletter <i>Rural Outlook</i>; and the first WA Rural and Remote Allied Health Forum, which will be held in June 2002. 	WA

Pharmacy

Program	Outputs/Outcomes	
The Rural and Remote Pharmacy Workforce Development Program provides a range of measures to strengthen and support the rural and remote pharmacy workforce in Australia to improve the recruitment and retention of pharmacists in rural areas. See also Goals 4.1 and 5.6.	The program has awarded 18 undergraduate scholarships to pharmacy students to date and provides financial assistance to students to enable them to undertake rural and remote (internship) placements. In addition to these workforce initiatives, various schemes are in place to support rural pharmacists.	CW
Videoconferencing Continuing Education Project facilitates improved communications between pharmacists in different locations to enhance the benefits of medication counselling.		VIC

Infrastructure

Program	Outputs/Outcomes	
The Capital Works Program aims to provide health infrastructure.	The then Department of Health and Aged Care provided over \$24m for infrastructure development in 2000–2001. The Department approved an additional 130 health/substance use facility redevelopments and upgrades and 13 medical/health worker staff housing projects.	CW
A recent review of NSW rural health education, training, recruitment and retention supported the ongoing role of Rural Health Training Units , with the extension of this model to three additional Area Health Services.	Funding has been provided to the three Area Health Services to implement the model. In addition, consideration is being given to the provision of student placement coordinators.	NSW
The Victorian Database Access Project and Launch of the Website promotes recognition of rural data using the website and introduces it as an effective information tool to potential users. It also increases the profile of the Database among health professionals and allied agencies.		VIC
The Telepsychiatry Network enables secondary consultation, professional supervision, recruitment interviews and limited direct service provision to occur across distances.		VIC
Established Rural Mental Health Research Units improves access and recruitment outcomes in some areas.		VIC
The Preceptor program provides a framework for Health Service Districts to use when implementing best-practice standards for transition support for new staff.	The program has been designed to provide a supportive environment for any nursing staff member commencing in or moving to a new practice setting and provides direction for policy development, preceptor selection and preceptor preparation.	QLD
Health Careers in the Bush aims to provide state-wide, culturally sensitive recruitment and retention strategies for rural and remote students interested in health careers. The Health Careers in the Bush Website, funded by QLD Health, is one of the strategies of the Health Careers in the Bush Alliance.	The website, and accompanying CD-ROM, video, brochures and posters, will make information for students, parents, teachers, guidance officers and community members more accessible.	QLD
Postgraduate scholarships are awarded to Department of Human Service's rural and remote employees studying relevant disciplines, eg allied health, nursing, medicine, dentistry and business management.	The scholarships provide one off funding of \$4,000. 30 scholarships have been awarded.	SA

Program	Outputs/Outcomes	
<p>The Middle Management Training Program provides training in strategic planning and resource management to rural and remote middle managers employed by the Department of Human Services.</p>	<p>Six modules are provided over three days, with modules covering: leadership and management; asset management; strategic planning; workforce management; finance; risk management; self-evaluation; and action planning.</p> <p>149 participants have been involved in training to date.</p>	SA
<p>Mental Health Workforce Development provides rural communities and health service providers with a broad range of information on mental health to increase awareness and clinical skills.</p>	<p>Programs are provided at three levels:</p> <ul style="list-style-type: none"> • two-day workshops to introduce concepts, language and assessment methodology used in the area of mental health; • unit-specific consultancies providing information to health workers to help them address specific problems; and • short courses (8–12 days) providing more specific education, particularly on developing and supporting management methodology. <p>746 participants have been involved in training to date.</p>	SA
<p>Resources have been allocated to health services to increase the capacity of the workforce to address local needs. Workforce development strategies are designed to address local needs thus providing opportunity to ensure a skilled and responsive workforce is maintained.</p>		WA
<p>Since 1994–95, more than \$20m has been allocated to staff accommodation to assist Rural Health Services in the attraction and retention of health professionals including doctors, nurses, allied health and mental health staff.</p>		WA
<p>The Health Department has established a Staff Accommodation Trust Fund to encourage Health Services to dispose of old housing stock and retain the funds for new accommodation and to upgrade existing accommodation.</p>		WA

5.6 Support for rural, regional and remote health professionals

Provide opportunities and support for rural, regional and remote health professionals to maintain and advance skills, develop capacity for sole practice and encourage personal initiative

Doctors

Program	Outputs/Outcomes	
The Divisions of General Practice Program encourages GPs to work together and link with other health professionals to upgrade the quality of local health services.	There are 66 rural Divisions funded under the Program. Divisions implement a range of activities with local GPs including care of patients with chronic and/or complex conditions; enhanced primary care; improved use of the Medicare Benefits Scheme to achieve improved patient outcomes; greater collaboration with other health professionals; and collaboration with State government initiatives across primary, community and acute care.	CW
Activities under the Rural Specialist Workforce Support Program See Goal 5.5.	Rural locum registers have been established in three Colleges to assist rural specialists in identifying suitable locums to enable them to access upskilling programs.	CW
The Support for Doctors working in Indigenous Communities program provides appropriate professional and personal support for doctors and registrars working in Indigenous communities. The program focuses on improved access and development of sustainable strategies including cultural brokerage, mentoring, IT and continuing medical education resources.		CW
Rural Psychiatry Workforce initiatives have been developed to help to provide regular supervision, professional support and continuing medical education for psychiatrists in rural Areas.	Funding of \$1.7m has been made available. A CD-ROM distance learning module is in the early planning stages. The Centre for Mental Health is working with the Royal Australian and New Zealand College of Psychiatrists (NSW Branch).	NSW
Rural General Practice Conference 2000	Part of Rural Health Week activities.	VIC
The TAS General Practice Division through its Rural Workforce Agency offers relocation assistance and equipment grants to GPs moving to rural areas of the State.	Improved recruitment and retention of rural GPs.	TAS

Program	Outputs/Outcomes	
The TAS General Practice Workforce Strategic Plan is being developed collaboratively by the TAS General Practice Division, the University and the Department of Health and Human Services.	Improved professional support for rural GPs.	TAS

Nursing

Program	Outputs/Outcomes	
Funding is provided to the Council of Remote Area Nurses of Australia (CRANA) to: <ul style="list-style-type: none"> • build and maintain the status and accountability of remote area nursing; • promote culturally safe practices; and • providing continuing education programs to remote area nurses. CRANA also receives funding for the Bush Crisis Line and the First Line Emergency Care Training program.	Commonwealth funding to CRANA is \$572,729 over three years from 1 July 2000. This funding increases the capacity of CRANA to support remote area nurses.	CW
The Australian Remote and Rural Nursing Scholarship Program assists professional development and skill training for registered and enrolled nurses working in remote and rural areas as well as those wishing to train and practise in these areas. Funds are provided for either continuing nursing education (registered or enrolled) or conference attendance.	Since the Scheme commenced in 1998 a total of 222 conference scholarships at an average cost of \$808 per scholarship and a total of 606 postgraduate scholarships at an average cost of \$2,818 have been awarded. See case study below.	CW

Supporting professional development for rural nurses

- Professional development is an important part of the career plan of any registered or enrolled nurse. Unfortunately, for those nurses practising in rural or remote areas of Australia, the added expense of travel and accommodation often prevents them from accessing continuing education. However, through the **Commonwealth** Australian Remote and Rural Nursing Scholarship Scheme over 600 rural nurses have been given financial assistance in the past three years to allow them to undertake postgraduate studies.
- The scholarship gave Hamilton nurse, Peter Francis, the opportunity to complete a graduate certificate in paediatric nursing, a qualification vital to his work at a busy surgical, paediatric, obstetric and haemodialysis unit. Peter says the scholarship not only helped with course costs but also travel, accommodation, software, textbooks and importantly, day care for his two children. Peter has now set his sights on midwifery training and believes that these scholarships are helping to close the training access gap between city and country nurses.

Program	Outputs/Outcomes	
The Rural and Remote Midwifery Upskilling Program assists the States and the NT in better planning and providing rural obstetric services through investing in the maintenance of midwifery skills.	The program is based on a payment of \$3,000 per rural/remote midwife to enable them to undertake two-week refresher training. Over 1,500 midwives will undertake up-skilling courses through this program.	CW
A State Nursing Council has been established with the specific aim of promoting ongoing discussion and consultation on rural and remote nursing issues. Associated local rural and remote Nursing Councils will also be established with the aim of increasing effective communication, improving support networks and to act as a forum for discussion of professional issues.		NSW
The Nurse Strategy Reserve Funding aims to facilitate a skilled nursing workforce and is provided to Area Health Services for continuing education programs, transition support for new graduate nurses and midwives and for the training of enrolled nurses.	Rural Areas receive a proportionate share of the Nurse Strategy Reserve Budget.	NSW
Nursing Career Marketing provides information on the range of nursing careers from enrolled nursing to specialties.	\$400,000 has been allocated to revise and update career marketing material aimed at undergraduate students.	NSW
Additional funding has been allocated towards Mental Health Nursing Education . Target areas for funding include postgraduate scholarships, support for undergraduate clinical placements, and introductory/refresher courses for mental health nurses. Several initiatives will directly benefit mental health staff and rural communities in NSW.		NSW
Continuing Education Program for Community and District Nurses provides opportunities for community nurses and district nurses working in bush nursing centres and community health services to enhance their clinical skills.		VIC
A Victorian Branch of Association for Australian Nurses Inc has been established to develop support mechanisms that enable nurses working in rural Victoria to share their work with colleagues and to discuss issues related to their work environment.		VIC
Individual support for remote area nurses provides assistance on a specific needs basis to remote area nurses including attendance at seminars and education sessions to enhance professional development.		VIC

Program	Outputs/Outcomes	
International Nursing Conference: New Century New Directions	Establishment of a symposium on issues and future directions of rural health.	VIC
In December 2000 the Department of Health launched the study of nursing and midwifery <i>New Vision New Direction</i> . The study contains 61 recommendations on improving the working life for nurses and midwives and therefore improving the quality of care for patients.	25 of the recommendations are being implemented and updates can be viewed on the website www.nursing.wa@health.wa.gov.au.	WA
To support health professionals in rural, regional and remote WA, the Department of Health offers several scholarships .	Existing scholarships aim to assist: <ul style="list-style-type: none"> • registered nurses, midwives or enrolled nurses to undertake professional development courses or to complete a higher degree in a relevant area; • rural nurses to undertake a midwifery registration program that is rurally focussed and distance education based; and • students to undertake their nursing degree with a commitment to practise in a rural area for a period at least equal to the length of financial support they receive from the scholarship. 	WA
The pilot First Line Emergency Response Program for Nurses course was offered by the University of TAS in 2000.	Reduced morbidity through improved responsiveness to trauma incidents in rural areas.	TAS
The Commonwealth Department of Health and Ageing has funded the University of TAS through the Rural Health Support Education and Training Program to train rural nurses in the process of evaluation .	Improved assessment skills for rural nurses, leading to more appropriate health interventions.	TAS

Allied health

Program	Outputs/Outcomes	
2nd Victorian Rural and Remote Allied Health Professionals' Conference: Effective Rural Practice addresses issues pertinent to allied health professionals working in rural and regional areas.		VIC
Strengthening Allied Health in Rural Victoria: A Program to Enhance Interdisciplinary Continuing Professional Education and Capacity Building		VIC

Program	Outputs/Outcomes	
The Rural Connect Mentor Scheme is a network of allied health employees established to link mentors with staff who are new to QLD Health, new to the rural and remote environment health or new to the profession.	New graduates, QLD Health Rural Scholarship holders and recently appointed allied health employees are targeted by the Scheme. The Scheme is facilitated through the Rural Health Training Units in each Zone.	QLD
The Allied Health Professional Enhancement Program provides relevant professional development opportunities for rural and remote clinicians through clinical exchanges, work shadowing, videoconferencing and workshops.	The Rural Health Training Units facilitate workshops and exchange programs in each Zone.	QLD

Pharmacy

Program	Outputs/Outcomes	
Rural and Remote Pharmacy Workforce Development Program See also Goal 5.5.	The Program provides a range of workforce support initiatives, including an emergency locum service (established in early 2002); pharmacist academic positions based in University Departments of Rural Health; financial assistance for rural pharmacists to undertake continuing professional education; and funding to improve infrastructure and support initiatives at a local level.	CW
The Rural and Isolated Pharmacy Project provides access to Grand Rounds via videoconferencing or video and continuing education presentations from the Society of Hospital Pharmacists of Australia to all rural and remote pharmacists.		QLD

Infrastructure

Program	Outputs/Outcomes	
The Rural Health Support, Education and Training program contributes towards the recruitment and retention of rural health workers through funding initiatives that provide them with appropriate support, education or training.	The annual funding round provides grants of up to \$70,000 for 12-month projects. In 2000–2001, 23 grants were funded for a total cost of \$934,489 Grant recipients disseminate projects to target groups and also launch and disseminate results at conferences and workshops. 1999–2000 project summaries are available on the rural health website at www.ruralhealth.gov.au .	CW
Development of a website for the NSW Association of Rural Health Training Units has been funded.	The website will assist education and training providers in accessing information on the five Rural Health Training Units and other associated units in the other rural Area Health Services.	NSW

Program	Outputs/Outcomes	NSW
<p>NSW Health has introduced the Rural Accommodation Capital Program to assist rural Area Health Services to develop suitable accommodation for staff. Projects under the program will include:</p> <ul style="list-style-type: none"> • development of new purpose-built accommodation; • refurbishment of old accommodation; and • purchase of existing properties for health workforce accommodation where possible. 	<p>NSW Health has provided funds of \$3.396m for 21 projects over 2001–02 and 2002–03 which will provide cost-effective ways to address accommodation issues for staff in remote areas.</p>	NSW
<p>The Teaching and Research Implementation Coordination Group is developing a framework for workforce development which includes a statement of principles and the key questions which need to be addressed to appraise workforce directions in relation to the recommendations of the NSW Government's Action Plan for Health.</p> <p>See also Goal 3.2.</p>	<p>The key workforce questions will be distributed to the Clinical Implementation Groups for their response and feedback will be sought on urgent workforce priorities.</p>	NSW
<p>The Rural Health Services Management Course Scholarships aim to enhance the professional development of existing and potential Managers of small rural facilities including Multipurpose Services. The Program assists managers to deal with change processes and encourage community participation.</p>	<p>25 Management Scholarships (valued at \$3,000 each) were granted to rural Area Health Service health professionals to complete the Graduate Certificate in Rural Health Services Management Course run by Edith Cowan University, WA.</p> <p>16 scholarship recipients were presented with their Graduate Certificates in August 2001.</p>	NSW
<p>The Rural Medical Family Network provides information and support to spouses and families of rural GPs, particularly those who become stressed or ill. The Network also promotes rural practice and lifestyles within universities and city teaching hospitals.</p>		VIC
<p>The Community Education Project leads to further self-funding activities in education and development of midwives and GPs who provide maternity care. It also improves links with key community groups.</p>		VIC
<p>Rural Practice: Building Bridges Conference contributes to broadening the AASW responses to rural matters and showcased rural practice as well as providing unique networking opportunities.</p>		VIC
<p>Professional Improvement Assistance Fund Scholarships enable attendance at significant events such as conferences and seminars, relevant to rural health issues.</p>		VIC

Program	Outputs/Outcomes	
The Alcohol and Drugs Program (Loddon Mallee Region) provides training and updated information on a range of alcohol and drug issues for health professionals, including GPs.		VIC
Public Health Trainees (Hume Region) assist to provide improved understanding of rural issues by Public Health trainees.	Students completing a Master in Public Health are accepted for rural placement.	VIC
Study Scholarships and Travel Grants Initiative 2001 provides opportunities for existing and potential staff in government and non-government services. The initiative recognises and promotes innovative approaches to service provision.		VIC
The Clinicians Knowledge Network is a QLD Health website providing doctors, nurses and allied health professionals with online access to a wide range of medical and health information.	The website removes barriers imposed by distance, enhancing the resources available to rural health professionals and providing access to the latest evidence-based medical reviews and drug information.	QLD
The Department of Health and Human Services has established Reference Groups to develop strategic plans for the recruitment and retention of rural nurses and rural allied health professionals.	Improved recruitment and retention of rural nurses and allied health practitioners.	TAS
The University Department of Rural Health (University of TAS) is facilitating the development of a range of education and training programs .	Topics include health informatics, rural midwifery, pharmacology education and domestic violence.	TAS
Professional associations within the State are providing an increasing number of continuing education events at rural locations .	Improved professional support for rural health workers.	TAS
Department of Health and Community Services study assistance	A range of initiatives are available to support rural, regional and remote health professionals including: <ul style="list-style-type: none"> • Studies Assistance Grants; and • HECS and course fee reimbursements for Departmental staff. 	NT
District Workforce Development Officers facilitate relevant activities for remote area staff.		NT

5.7 Students preparing for careers in rural, regional and remote areas

Increase numbers of students undertaking rural preparation courses and choosing careers in rural, regional and remote areas by:

- *assessing the impact on successful recruitment and retention practices of student trainee quotas, recognition of overseas qualifications, Medicare provider regulations and opportunities for procedural medicine*
- *establishing local programs which encourage rural, regional and remote secondary students to take up careers in health care*
- *establishing State, Territory and regional programs which introduce tertiary students to rural, regional and remote practices*

Encouraging secondary school students to take up careers in health care

Program	Outputs/Outcomes	
The Victorian Secondary Schools Project provides career materials and development of multimedia products to assist in promoting health careers to rural secondary school students.		VIC
The Great Careers Where You Live Program (Barwon South Western Region) provides career days linked with local Health service providers for Year 11 and 12 students from rural schools.		VIC
The Loddon Mallee Regional Health Careers Consultative Committee provides regional framework to initiatives designed to involve secondary school students in careers in the health sector.	A series of three publications titled <i>Careers in Health (A Work Experience Guide)</i> has been released.	VIC
The Victorian Universities Rural Health Consortium Secondary Schools Project Steering Group supports an ongoing series of workshops for rural Year 12 students in Melbourne including visits to university campuses, presentations by academics and current medical and allied health students.	The National conference Show, Tell and Share Forum held in November 2001 in Traralgon brought together representatives from all States and Territories to discuss increasing the participation rate of rural students in careers in the health sector.	VIC

Rural school students learning more about a possible health career

- Observing the emergency department in action, laboratory equipment operating at pathology services and the treatment of premature babies was just part of an intensive four-day health careers workshop for 21 **Queensland** school students. The workshop is an annual event initiated by Queensland Health's Southern Zone Rural Health Training Unit, the Cunningham Centre (based at the Toowoomba Hospital).
- Natalie Hindmarsh, the workshop coordinator, approaches schools to invite Year 10 students to apply for positions in the workshop. In the most recent group, students were interested in everything from physiotherapy to haematology. Different components have been added over time and the most recent workshop included an observation of a dentist, a first-hand look at the ambulance call-centre and station and a visit to a genetic counsellor.
- Workshop members tour local universities, attend information sessions by health professionals and have direct contact with second- and third-year medical and allied health students. Students also have access to people who could give them the best information on subject and course selection, tertiary education options and career development. The workshop benefits the individual students in the short term and hopefully benefits health services in the long term. Natalie thinks that workshops like these happening across the State should increase the number of health professionals working in rural and remote Queensland.

Program	Outputs/Outcomes	
The Career Pathways Interactive CD describes careers/positions in the Department of Human Services portfolio, qualifications required and worksites which employ such positions. It includes links to range of websites (eg universities) and information about assistance schemes (eg scholarships).	\$10,000 was allocated to this program. The CD has been sent to all SA rural high/area schools and human service provider organisations.	SA
A working party has been established by the Department of Health to look at strategies to promote health professions in rural areas to school children . In addition, the Department participates in the State Careers Expo run by the Department of Training and Employment to promote career opportunities in rural areas to school leavers.		WA
The Studies Assistance Grant Program provides support to encourage rural, regional and remote secondary students to take up careers in health.		NT
Career fact sheets and portable display for Career Expos aim to increase awareness of potential careers in health and community services for young people to remain in the NT.		NT

Introducing tertiary students to rural and remote practice

Program	Outputs/Outcomes	
<p>Rural Clinical Schools increase medical education and training opportunities in rural and regional Australia.</p> <p>The Greater Murray Clinical School at Wagga Wagga and the James Cook Medical School at Townsville have been very successful.</p>	<p>Nine new rural clinical schools are being established to enable 25% of undergraduate medical students to receive 50% of their clinical education in rural areas.</p> <p>The Australian National University is being funded to develop a curriculum for accreditation of a new medical school to service students interested in studying medicine in a rural environment.</p>	CW

- The **University Departments of Rural Health Program** is a long-term strategy which aims to increase the recruitment and retention of rural health professionals and to improve the quality and appropriateness of health care for rural and remote communities. The Program encourages students of medicine, nursing and allied health disciplines to pursue a career in rural practice. It also supports those health professionals who are currently practising in rural settings.
- The philosophy underpinning the operation of the Program is that of a strong population health focus involving partnerships between existing health providers in a targeted region and the university sector and improving health service development, especially in public health, in the region.
- Key strategies to achieve this goal include increasing the infrastructure and intellectual capital in rural and remote regions, establishing relevant teaching and support environments, enhancing opportunities for student placements in rural and remote settings, encouraging experienced academic staff to spend time in the bush and fostering coalitions of interest and partnerships across research and development organisations.
- Ten university departments of rural health have been established across Australia at Broken Hill, Mt Isa, Geraldton, Whyalla, Launceston, Shepparton, Alice Springs, Warrnambool, Lismore and Tamworth.

Program	Outputs/Outcomes	
<p>The Rural Australian Medical Undergraduate Scholarships aim to increase the number of students with a rural background studying medicine by providing financial support during university.</p> <p>See also Goal 5.3.</p>	<p>Since the scheme was announced, funding has been boosted to \$15m over five years. A maximum of 500 scholarships are available at any one time.</p>	CW
<p>Medical Rural Bonded Scholarships are available to medical students who commit to six years service in rural areas on completion of their fellowship.</p>	<p>100 new medical students sign up for the scholarships annually.</p>	CW
<p>The John Flynn Scholarship Scheme provides financial support to enable medical students to form long-term relationships with rural communities and gain a better understanding of rural medical practice.</p>	<p>Each year 600 medical students receive assistance under the scheme, with 150 new scholarships available annually.</p>	CW

Program	Outputs/Outcomes	
<p>The Rural Undergraduate Support and Coordination Program provides funding to medical schools to facilitate and enhance change in three key areas — student selection, educational experience and support systems for students and staff. Funding is also provided for coordination of student rural placements and national projects.</p>	<p>Funding has been provided to 11 medical schools. An independent evaluation in 2000 confirmed that the Program has been successful in:</p> <ul style="list-style-type: none"> • increasing the selection of rural students; • increasing the rural medicine component of the curriculum; • increasing and supporting the student rural medicine experience; • improving support for rural medical educators; and • improving support for university rural health clubs. 	CW
<p>HECS Reimbursement Scheme</p>	<p>See Goal 5.5.</p>	CW
<p>Accommodation Projects for General Practice Registrars and Medical Students in Rural and Remote Areas aims to provide assistance to enhance the experience of registrar and student training, which may influence them to choose rural practice as a career option.</p>	<p>From 2000–2001 to 2001–2002 68 projects worth nearly \$12.3m were approved for funding.</p>	CW
<p>General Practice Registrars</p>	<p>See Goal 5.5</p>	CW
<p>The Rural Medical Undergraduates Initiatives Program provides travel and accommodation subsidies for medical students undertaking rural placements as part of their medical curricula.</p>	<p>The Program funding is around \$155,000 recurrent and is managed by the NSW Rural Doctors Network on behalf of NSW Health.</p>	NSW
<p>The Rural Resident Medical Officers Cadetship Program which is administered by the NSW Rural Doctors Network focuses on promoting a rural medical career and lifestyle opportunities offered by a rural medical practice.</p>	<p>The Rural Doctors Network is provided with \$394,000 for administration of the program.</p> <p>Medical students are provided with up to \$12,000 each year in their last two undergraduate years and in return agree to spend two years in rural service.</p> <p>There were 12 successful applicants in 2001 and 9 in 2002.</p>	NSW
<p>The Rural Registrars Training Program is responsible for placement of a number of registrar training positions located in rural areas across NSW. This provides doctors with one year of supervised experience in the practice of rural medicine in a specialty setting or linked to supervised general practice positions. The program is specifically designed to foster interest in rural medical practice among junior medical staff as well as to further promote links between rural hospitals and local GPs.</p>		NSW

Program	Outputs/Outcomes	
<p>The Advanced Specialty Training Posts in Rural Areas program was established as a result of an Agreement between the Commonwealth Department of Health and Ageing and NSW Health for funding to contribute to the costs of education and training infrastructure for new medical specialty training posts in rural areas.</p>	<p>A total of 16 training posts were funded in the first two rounds of the program. In 2001 under the third round, five posts were identified and supported in fields such as orthopaedics, general surgery, general medicine, emergency medicine, and anaesthetics. Two additional posts in orthopaedics were supported in the third round, commencing in January 2002.</p>	NSW
<p>Rural Health Scholarships provide financial support to health practitioners in rural areas of Victoria, undergraduate students who are committed to a career in rural health care and rural nurses enrolled in a post registration degree or postgraduate course. Scholarships are available to students in a broad range of health courses.</p>		VIC
<p>Inter-Professional Education in Rural Victoria Project supports interprofessional education in rural primary health care through the development of an undergraduate education program with a focus on collaborative rural primary health care practice.</p>		VIC
<p>22nd Asian Medical Students' Conference (Melbourne)</p>	<p>Involvement in the conference provides an opportunity to develop a formal relationship with countries in the Asia Pacific region to allow the exchange of information between countries and gives Australian medical students the opportunity to develop an international perspective on medical education.</p>	VIC
<p>Public Health students from the University of Ballarat and La Trobe University (Bendigo Campus) are offered fieldwork placements in the Department of Human Services's Grampians Region.</p>		VIC
<p>Ensuring adequate provision of GPs in rural areas is a major issue for the Department of Human Services. Recruitment and retention strategies include:</p> <ul style="list-style-type: none"> • supporting, resourcing and mentoring University Rural Clubs; • assisting medical students and graduates to gain placements with experienced country doctors; • scholarships for undergraduates; • funding continuing medical education schemes for rural GPs and access to training programs; and • providing locum relief. 	<p>The Department of Human Services has provided funding for undergraduate scholarships for medical officers as well as funds to assist Adelaide University and Flinders University medical schools to send 4th and 6th year students to take rural placements.</p>	SA

Program	Outputs/Outcomes	
<p>Health services in the Riverland rural region established the Riverland Cross Portfolio Group and developed the Parallel Rural Community Curriculum to encourage 5th year medical students to study in rural locations as part of an attempt to reduce the number of country residents needing to access metropolitan public hospital services.</p>	<p>Four students have been selected and will commence their participation in these traineeships in July 2001. There are plans to provide similar opportunities in other areas of the State.</p> <p>The Rural Education Scholarship Scheme provides \$5,000 per year for up to 3 years for undergraduates – Aboriginal students are given priority.</p>	SA
<p>The Rural Education Scholarship Scheme provides financial support with recipients required to undertake work in rural area upon completion of studies for the equivalent number of years funded by scholarship. Priority is given to Indigenous and/or disabled applicants.</p>	<p>The scholarship provides \$5,000 per year for up to 3 years.</p> <p>The Scheme was amended last year to allow for greater access to relevant students. To complement these changes and to increase the number of scholarships offered, additional funds were made available with 26 scholarships funded by the Division in 2002.</p> <p>Further scholarships are provided through sponsorship by regional human service providers.</p>	SA
<p>Under the Department of Health program to attract medical imaging technicians, four new graduates are employed for two years. The industry guarantees computed tomography training and 48 weeks supervision so that they become eligible for full Australian Institute of Radiographers membership at the end of this period. They are also paid a bonus on completion of this program.</p> <p>During the training period these people act as relief workers for the Department. When not required by the Department they are located at a regional centre at no cost to the centre unless they are actually employed to do relief work by the centre.</p>	<p>This program is subject to annual review but if financially and practically successful will continue.</p>	WA
<p>The Department of Health has successfully piloted a program to introduce health care undergraduates to management issues and policy development in rural settings.</p>		WA
<p>The WA Rural Health Student Work 2001 Placement Program aimed to help students increase their understanding of rural health policy and non-clinical priorities, develop networks and partnerships with health professionals working in the rural health sector, and gain experience in policy development, leadership and management.</p>	<p>Students enrolled in undergraduate courses in medicine, nursing, allied health and dentistry in WA were invited to apply. Six students were selected and employed as Rural Health Policy Officers. The students had the opportunity to work alongside senior health officers and gain insight into the contemporary rural health industry.</p>	WA

Program	Outputs/Outcomes	
All University of TAS medical students are now required to do their 5 th year placement away from Hobart, and have the option of a rural stream at the North West Regional Hospital in Burnie.	Improved exposure to rural health among new health graduates, potentially leading to improved liaison between rural and metropolitan service providers and improved recruitment to rural positions.	TAS
The Aboriginal and Torres Strait Islander Cadetship Program provides both a living allowance and employment opportunities to young people studying a relevant course at University.		NT

Nursing

Program	Outputs/Outcomes	
Undergraduate Remote and Rural Nursing Scheme	See Goal 5.3	CW
Midwifery Up-Skilling Initiative (Grampians Region) is a Commonwealth initiative aimed at providing training to 300 midwives across Victoria.		VIC
The Continuing Nurse Education project provides training for acute health care nurses across Victoria.		VIC
The Enrolled Nursing Cadetship Program provides for students studying Certificate 4 (Enrolled Nurse studies) to be employed in a health unit for 15 hours per week. This enhances clinical learning and work skills.	Funds are provided to TAFE and health units to cover costs involved. 42 cadets have been employed to date.	SA

Pathway to Nursing in South Australia

- The VET in Schools Program aims to enable students to complete relevant SACE and TAFE Certificates entitling them to seek employment as community health workers, carers and nurses aides. Students undertake three days school, one day TAFE and one day work experience in health unit.
- Students are provided with opportunities to undertake further studies to become an enrolled nurse or to undertake undergraduate pre-registration to become a registered nurse (Bachelor of Nursing). Funds are provided to health units to support the provision of mentors to students. Indigenous students have priority under the program and come from a board range of rural and remote areas. The program has been extremely successful with 55 students placed so far.

Allied health

Program	Outputs/Outcomes	
NSW Rural Allied Health Scholarships , are offered annually to provide financial support and encouragement to students considering a rural career. Scholarships are available for allied health students with a rural background who demonstrate an interest in a rural career.	In 2001, 30 scholarships valued at \$5,750 were approved. Total funding involved was \$345,000 for 2000–2001. The Program will be expanded in 2002, with up to 40 scholarships available, dependent on quality/criteria indicators.	NSW
Rural Allied Health Clinical Placement Grants are available during each semester to assist both rural and urban allied health students with travel and accommodation costs of rural clinical placements and provide students with opportunities to experience rural practice and lifestyle in NSW.	In 2001, a total of 82 grants were approved for students at a cost of approximately \$29,100. The grants program will be expanded in 2002, with the budget available for grants increasing to \$35,000.	NSW
QLD Health has funded a consortium of universities (University of QLD, QLD University of Technology, James Cook University and Griffith University) to provide allied health undergraduate clinical placements outside the metropolitan area.	The Undergraduate Rural Clinical Placement Program has been funded since 1996 and aims to encourage allied health professionals to consider a rural career on graduation. Evaluation has shown that the program is effective in increasing the numbers of allied health professionals taking up rural employment.	QLD
A Country Allied Health Scholarship Scheme commenced in 2002, providing undergraduate scholarships for rural allied health students willing to commit to rural practice on graduation. Financial assistance is also being provided to allied health students undertaking rural placements as part of their studies. Post-graduate scholarships will be available to rural allied health professionals in 2003.		WA

Infrastructure

Program	Outputs/Outcomes	
Funding has been provided to upgrade student accommodation in rural Area Health Services in response to the limited availability and quality of student accommodation in rural areas and the increased demand for student accommodation arising from expansion of Rural Clinical Schools and University Departments of Rural Health.	NSW Health initially allocated \$25,000 to each rural Area Health Service in May 1999 for refurbishment of student accommodation. In June 2001, additional funds of \$75,000 were allocated to each rural Area Health Service to assist with improving and expanding student accommodation facilities. A total of \$800,000 has been allocated under this program since 1998–99.	NSW
The Home and Community Care Workforce Strategy 2001–2003 aims to improve the training, recruitment and retention of professional, non-professional and volunteer staff working in Home and Community Care funded agencies.		VIC

Program	Outputs/Outcomes	WA
<p>The Multipurpose Services Program in WA has sought to provide advanced training opportunities for health professionals and encourage collaboration by relevant health and welfare agencies in local communities.</p>	<p>The Multipurpose Services Management Training Program aims to facilitate development of managerial skills and competencies relevant to the needs of rural health care professionals. 34 people from rural health services have completed this program, with a further 12 people currently undertaking studies. An additional advanced learning set involving 20 participants has been established.</p> <p>Under the Integrated Therapy Assistant Program therapy assistants are recruited and trained across key program areas of paediatric development, disability, rehabilitation, chronic conditions and aged care.</p>	
<p>The University Department of Rural Health (University of TAS) has established a network of rural health teaching sites that provide teaching, information technology and accommodation facilities.</p>	<p>Undergraduate medical, nursing, pharmacy and allied health professionals use the sites as a base for learning about rural health and work opportunities in rural areas.</p>	TAS

GOAL 6 Develop needs-based flexible funding arrangements for rural, regional and remote Australia

Overview

Commonwealth

One of the Commonwealth's roles in rural health has been to fill gaps in existing service provision, especially where access to Medicare and services is limited. Programs using innovative funding models and aimed at addressing some of the gaps and inequalities of access include:

- the [Royal Flying Doctor Service](#), which is funded at approximately \$18 million per year to provide aeromedical evacuation and primary health care to people who live, travel or work in rural and remote communities;
- the [Medical Specialist Outreach Assistance Program](#);
- provision of access to the visiting [Rural Women's GP Service](#) in 100 locations where there is a lack of female GP services;
- [Section 100 — Access to Pharmaceuticals](#), which provides medicines for clients of remote Aboriginal Health Services free of charge at the time of consultation;
- more than 600 [Easyclaim](#) facilities in rural and remote areas providing easier access to Medicare; and
- [Regional Health and Multipurpose Services](#).

The need for flexible needs-based funding in rural and remote areas of Australia is likely to continue, requiring the development of further innovative service delivery models. The challenge will be to avoid re-inventing the wheel and to coordinate and integrate these flexible models with more mainstream health care services.

New South Wales

NSW Health has focussed on several key programs in order to develop needs-based flexible funding arrangements in rural, regional and remote NSW.

The most innovative of these proposals is the [HEALTHshare](#) model. *HEALTHshare* aims to reduce the boundaries for the funding and delivery of community and health services in NSW. The *HEALTHshare* model provides a new approach to address the problems inherent in our separate Commonwealth and State systems of health planning and delivery. *HEALTHshare* will address the issues that limit the coordination of the planning and delivery of health care services, and, result in the increased cost of service provision. *HEALTHshare* will be piloted in a number of sites across NSW.

A key element of *HEALTHshare* is the establishment of a governance structure/management group comprising key stakeholders in each proposed pilot who will plan and provide the agreed services to be included in the model. These stakeholders would include Area Health Services, Commonwealth Government and non-government providers.

The key benefits of the *HEALTHshare* model are:

- improved liaison between service providers so they can achieve improved care for patients and reduce duplication;

- ensuring access and equity for people with similar health needs;
- improved planning of health services; and
- improved coordination of health care between hospitals and health care providers in the community, particularly GPs.

NSW Health believes that the proposed model for integrated regional health services will bring genuine improvements in health services planning, funding, management and delivery.

In addition, NSW Health will continue to use and refine the [NSW Health Resource Distribution Formula](#). The Formula is used to guide the funding of Area Health Services on equity principles that reflect population growth and health needs. Growth funding announced over the three years to 2002–2003 is being directed to ensure Areas receive a fairer share of funding resources and that historical funding inequities are addressed. NSW Health is currently undertaking a review of rural factors in the Formula in line with the recommendations of the Health Council and Sinclair Reports.

The [Rural Hospitals and Health Services Program](#), the [Health-related Transport Program](#), the [Rural Minor Works Program](#), the [Health Technology Program](#), and the [Clinical Network Program](#) are other priority programs being employed by NSW Health in order to develop needs-based flexible funding arrangements in rural, regional and remote NSW.

Victoria

The Victorian Department of Human Services has made achievements in working towards this goal through:

- [financial flexibility for small rural hospitals](#) to provide for inpatient funding to be converted to other community based services as appropriate for the patients; and
- the [Rural Healthstreams Program](#), which enables small rural hospitals to participate in more flexible funding and purchasing arrangements.

Queensland

Queensland Health is exploring needs-based, flexible funding arrangements for services to rural and remote Queensland. The increase in Multipurpose Health Services and Regional Health Services by Health Service Districts is an indication of this.

Queensland Health has made agreements with Commonwealth agencies to introduce the flexibility needed to provide effective health services in remote parts of the State:

- a [Memorandum of Understanding](#) between the Queensland and Commonwealth Governments supports supply of Pharmaceutical Benefit Scheme medicines to Remote Area Aboriginal and Torres Strait Islander Health Services; and
- the [Rural and Remote Medical Benefits Scheme](#) provides an ongoing arrangement between Queensland Health and the Health Insurance Commission to improve access to health services for rural and remote Aboriginal and Torres Strait Islander communities in line with the health needs of the population.

Finally, Queensland Health's [Patient Travel Subsidy Scheme](#) provides financial assistance to patients who need to access specialist medical services that are not available in their local area. This is a critical element in ensuring the highest quality services in the State are available to people living in rural and remote Queensland.

South Australia

The South Australian Government is committed to enhancing and improving regional access to health services. This means providing better quality care through upgraded facilities and services, access to technology, attracting more professionals to the regions, and ensuring that workers in the regions are encouraged and supported in staying. Regional South Australians will also continue to benefit from improved access to health services through the Government's strong desire to increase information technology opportunities for hospitals, doctors and service providers. The South Australian government is committed to working with the Commonwealth Government in improving health outcomes for regional South Australians, and many of the regional initiatives and priorities for 2000–2001 will be jointly funded.

The Department of Human Services has implemented flexible funding arrangements for the development of the [Multipurpose Service programs](#) which has seen the combining of acute, aged care and Commonwealth funding to meet the service needs of small local communities. The Department will continue to explore options for flexible and innovative funding models which support the service needs of rural South Australians.

Key achievements under Goal 6 have included:

- developing joint Commonwealth State multi-purpose and regional health service arrangements;
- identifying and providing funds for growth areas;
- identifying and providing funds specifically for Aboriginal and Torres Strait islander communities;
- implemented population group flexible funding models for mental health services;
- improving skills in hospital management; and
- developing more sustainability in projects.

Western Australia

In April 2000, the General Health Purchasing Division of the Health Department of WA initiated a project to review the three health service models operating in nine rural communities in WA. The [review of Rural Health Models project](#) was established on the basis of identifying the products and costs of these three models to ensure the project fitted the current purchasing model. It was also anticipated that the project would improve the information base used by purchasers in the construction of product prices. The three models were [Integrated Health Services](#), [Multipurpose Services](#), and traditional 8-bed hospitals.

In general, the integrated models reported greater flexibility of resource utilisation, with staffing and infrastructure costs able to be reduced and utilisation of buildings being improved. The integrated models allowed for a greater emphasis on the delivery of non-inpatient services such as allied health, community and aged care services and offer greater flexibility in responding to changing demographic and community needs.

The information gathered in this report clearly shows an emphasis on ill health and acute care in the rural sector. The need to reverse this trend and develop a prevention, early intervention focus and provide alternatives to hospital based care is evident.

Tasmania

Expansion of a number of State and Federal government initiatives, including the [Multipurpose Services](#) program, the [More Allied Health Services](#) program, local government

partnerships, and **Regional Health Services** funding presents both opportunities and challenges to the effective delivery of services to rural communities.

Northern Territory

Mainstream funding mechanisms, such as the Medicare and Pharmaceutical Benefits Schemes, do not operate effectively in rural and remote parts of the Northern Territory, necessitating the development of alternative flexible funding arrangements that are aligned to the unique demographic characteristics and health needs of population groups in these regions.

The **Primary Health Care Access Program**, introduced in 1999, allocated funding to overcome the rigid nature of mainstream funding mechanisms which are dependent on the availability of GPs. Under the Program, funding is linked to population size and mobility, gender mix, access to services and linkages between services in small, medium and large communities. Health zones containing services arranged in hub and spoke fashion have been delineated in accordance with linguistic and cultural boundaries and health needs of residents.

Within health zones elected Health Boards will be responsible for managing pooled Commonwealth and Northern Territory primary health care funds that will be used by the board, either to provide their own services or purchase services from an outside agency.

The inherent flexibility of the Primary Health Care Access Program funding mechanism ensures that services are equally flexible in meeting the diversity of health needs of local populations.

Flexible funding is one of the key features of the Primary Health Care Access Program and multipurpose services and Coordinated Care Trials in the NT.

These innovative programs enable the pooling of resources. These programs all involve pooling of funds from a number of sources enabling a more flexible and innovative approach to meeting the direct needs of communities.

They also allow access to funding such as access to Medicare, Pharmaceutical Benefits and Residential Aged Care Funding that was previously less available to smaller communities.

Australian Capital Territory

The Canberra Clinical School in the ACT is actively pursuing funding programs under the Commonwealth's Regional Health Strategy. Applications have been made with the Rural and Remote Area Placements Program, a General Practice Education and Training tender and under the Primary Health Care Research Evaluation and Development Strategy.

The Canberra Clinical School has received funding from the Commonwealth for a Rural Placements Projects Officer. The position will facilitate clinical placements for medical students in the Australian Capital Territory and South East New South Wales regions. The position will look at the work required to support the development and delivery of an expanded medical curriculum in the Australian Capital Region.

6.1 Guidelines for funding health and community services

Develop guidelines for funding health and community services which are flexible and address the specific circumstances of service provision to people in rural, regional and remote Australia. These circumstances include:

- *access to Medicare*
- *impact of distance on service provision*
- *infrastructure demands of Aboriginal and Torres Strait Islander communities*
- *integrated health and community services*
- *impact of service boundaries*

Program	Outputs/Outcomes	
A range of targeted programs have been implemented to supplement the funding available through Medicare.	Relevant programs include: <ul style="list-style-type: none"> • Medical Specialist Outreach Assistance Program (see box below); • Section 100 — Access to Pharmaceuticals (see Goal 2.5); • Regional Health Services (see Goal 4.3); and • Multipurpose Services (see Goal 4.1). 	CW

- The Commonwealth **Medical Specialist Outreach Assistance Program** is designed to provide additional visiting specialist services in regional, rural and remote areas by covering some of the costs specialists incur in travelling to rural areas such as travel and accommodation. The Program also provides funding for the visiting specialists to provide support and upskilling for GPs and specialists practising in rural areas. In addition, Program funding is available to support advanced specialist training posts in rural areas.
- See also goals 1.2, 1.7, 4.2, 6.4 and 7.4.

Program	Outputs/Outcomes	
Easyclaim facilities aim to provide easier access to Medicare.	More than 600 Medicare Easyclaim facilities have been established in rural and remote areas.	CW
Seasonal Demand for Services enables the community to continue to access primary care and other services in their local community during peak holiday seasons.		VIC
Service and Business Planning enables the Yackandandah Bush Nursing Hospital to develop a service and business plan which will enable the agency to provide ongoing services to meet the identified needs of the community.		VIC

Program	Outputs/Outcomes	
<p>Service Provision Funding enables the Chiltern and District Bush Nursing hospital, the Euroa Hospital Inc, Nagambie Bush Nursing hospital and the Walwa Bush Nursing hospital to continue to provide primary care and other services to their local community.</p>		VIC
<p>Improved Access to Targeted Specialities for rural patients</p>	<p>Waiting times for rural elective surgery and medical patients have been improved.</p>	VIC
<p>The Rural and Isolated Grant provides additional funding to qualifying hospitals.</p>		VIC
<p>Targeting of Service Gaps provides funding to rural agencies for growth in inpatient and non-admitted patient services.</p>		VIC
<p>The Local Service Delivery Plan for the Loddon Mallee Region reflects priorities in each community and action to be taken to implement objectives.</p>		VIC
<p>A Memorandum Of Understanding was signed in May 2001 between QLD and Commonwealth Governments to supply Pharmaceutical Benefit Scheme medicines to remote area Aboriginal and Torres Strait Islander Health Services that meet the eligibility criteria.</p>	<p>This creates a framework for improving access to essential medicines and related goods and services for remote communities.</p>	QLD
<p>The Rural and Remote Medical Benefits Scheme provides an ongoing arrangement between QLD Health and the Health Insurance Commission to improve access to health services for rural and remote Aboriginal and Torres Strait Islander communities.</p>	<p>The Scheme optimises access to Medicare funding by allowing bulk-billing arrangements for salaried medical officers employed, or contracted, by QLD Health at approved sites, for GP services.</p>	QLD
<p>The SA government is committed to working with the Commonwealth Government in improving health outcomes for regional South Australians.</p>	<p>Specific operational and capital funding is targeted to help improve the health care of people living in rural, regional and remote South Australia.</p>	SA
<p>The SA Centre for Rural and Remote Health and the University of SA are consultants to the rural Divisions of General Practice providing population health indicators relevant to business planning.</p>	<p>This work is assisting rural Divisions of General Practice to focus on regional population health responsibilities in collaboration with other rural health services.</p>	SA

Program	Outputs/Outcomes	
<p>The Strategic Plan for Palliative Care Services 1998-2006 implementation progressed throughout SA to improve palliative care services across the State through the development of specific strategies to improve the current purchasing arrangements for the provision of palliative care.</p> <p>An internal review of palliative care has commenced, the review will ensure future directions are consistent with State and Commonwealth planning strategies.</p>	<p>To develop a framework for a collaborative network service model which incorporates principles of a continuum of care and establishes active partnerships between metropolitan and rural and remote services.</p> <p>Evaluate Aboriginal, paediatric and non-English speaking background palliative care needs.</p>	SA
<p>Targeting funding to specific areas to increase equitable access to elective surgery across rural and remote SA.</p>	<p>An additional \$1m has been allocated to country regions and was targeted to reduce surgical waiting times in ophthalmology, ENT, gynaecology, orthopaedics and dental procedures for the 2000–2001 period.</p>	SA
<p>Review of rural health funding models</p>	<p>See case study below.</p>	WA

Informing the funding of health services in Western Australia

- In April 2000, the Department of Health initiated a review of Rural Health Models with the aim of identifying the products and costs of the three models operating in nine rural communities in WA — Integrated Health Services, Multipurpose Services, and traditional 8-bed hospitals.
- In general the integrated models reported greater flexibility of resource utilisation, with staffing and infrastructure costs able to be reduced and utilisation of buildings being improved. The integrated models allowed for a greater emphasis on the delivery of non-inpatient services such as allied health, community and aged care services and offered greater flexibility in responding to changing demographic and community needs.
- The information gathered in this report clearly shows an emphasis on ill health and acute care in the rural sector. The need to reverse this trend and develop a prevention, early intervention focus and provide alternatives to hospital-based care is evident.

Program	Outputs/Outcomes	
<p>A Memorandum of Understanding has been signed between the Department of Health and Community Services and the Commonwealth Department of Health and Ageing outlining the conditions of flexible funding for the Primary Health Care Access Program. It includes cashing out Medicare funding and annual indexation provisions.</p>		NT

6.2 New funding models

Explore opportunities for new funding models to provide services to rural, regional and remote areas which integrate health and community services with other government activities (including those of local government) and the private sector

Program	Outputs/Outcomes	
<p>The Nursing in General Practice Initiative aims to enable GPs to focus on diagnosis and clinical care, while practice nurses assist in the management of chronic diseases such as diabetes and asthma; conduct health assessments; and provide clinical support.</p> <p>This initiative will be targeted to areas where patient access to medical services is limited, such as in rural and remote areas.</p>	\$104.3m will be provided from 2001–2002 to 2004–2005 for general practices to employ more practice nurses.	CW
Integrated Service Delivery Project	See Goal 4.1	CW
Regional Health Services Program	See Goal 4.3.	CW
Multipurpose Services Program	See Goal 4.1.	CW

- **HEALTHshare** is a comprehensive, geographically based, integrated health model that aims to provide an effective alternative to the current funding and service arrangements within the New South Wales health care system. The model's broad objective is that improved planning, integration and coordination of service delivery will enhance the ability of service providers to meet the needs of their client groups, while also enabling geographical areas to achieve greater efficiency in the use of their funds, regardless of the funding source.
- The **HEALTHshare** model will evolve, within geographical regions, through consultation and discussion between key stakeholders. The model will be trialed in a diverse group of geographical areas so that health services professionals can experience and evaluate it
- NSW Health is currently having discussions with regions and stakeholders concerning the piloting of **HEALTHshare** over the next several months.

Program	Outputs/Outcomes	
Rural Hospitals and Health Services Program	See under Goal 6.3.	NSW
Financial flexibility for small rural hospitals provides for inpatient funding to be converted to other community-based services as appropriate for patients.		VIC

Program	Outputs/Outcomes	
The Rural Healthstreams Program enables small rural hospitals to participate in more flexible funding and purchasing arrangements. It allows facilities to provide services such as community nursing, allied health services, palliative care and health education as appropriate for individual patient care.	12 agencies have been approved.	VIC
The Bush Nursing Centres Situational Analysis will highlight opportunities for partnerships and links with the existing service system.		VIC
The primary integrative model of health care in rural QLD is the Multipurpose Health Services Program and Regional Health Services Program .	See Goal 4.	QLD
SA activities to explore models of integrated health and community services are detailed under Goal 4.2.	See Goal 4.2.	SA
The Department of Health financial allocation policies have maintained the funding levels to rural health services and have followed the key policy objective relating to improved access to health service by local communities, by providing services closer to home.	<p>Significant service reconfiguration has occurred in the SouthWest Zone of the State and funds have been re-allocated between the metropolitan and rural areas.</p> <p>The Norhealth 2020 plan has been developed with the purpose of exploring innovative strategies for the delivery of services in the north-west of the State.</p> <p>Small to medium-sized hospitals have been identified and allocated sufficient funding to ensure financial viability. Service provision has been maintained and resource levels kept in pace with cost escalations and inflation.</p> <p>Additional funding of \$6m over four years has been committed to enhance specialist services in rural areas. This includes the provision of visiting and resident services as well as education and training to rural practitioners.</p>	W/A
The Department of Health and Human Services is currently working on policies and strategies to achieve integrated and coordinated service provision to communities, families and individuals.	Improved coordination across a range of health service providers.	TAS
Under the Regional Health Strategy, More Doctors, Better Services , the More Allied Health Services Program will recruit allied health professionals in rural areas to meet local needs by complementing the services provided by rural doctors.	Improved recruitment and retention of allied health professionals in rural areas.	TAS
Primary Health Care Access Program / Health Zones	See Goal 2.2.	NT
Multi-Purpose Services	See Goal 1.8.	NT

Program	Outputs/Outcomes	
<p>The Coordinated Care Trials, which commenced in the Tiwi Islands in 1997 and Katherine West in 1998, established a model of funds pooling in the NT. The services operated with a Funding Pool consisting of:</p> <ul style="list-style-type: none"> • cashed out Medicare and Pharmaceutical Benefits Scheme funding; • Territory Health Service Funding based on historical expenditure on primary health care; and • Territory Health Service funding tied to decrease in use of hospitals. 	<p>An additional Coordinated Care Trial site has been proposed for the Jawoyn community in the Katherine region. This is currently under negotiation with the Commonwealth.</p> <p>These trial sites and the funding models are in a transitional phase to become incorporated in the Primary Health Care Access Program.</p>	NT
Proposed Katherine Transitional Care Unit	See Goal 1.8	NT
<p>The Department of Health and Community Services received funding under the Commonwealth Regional Health Services Program to carry out and compile needs analyses in East Arnhem and Katherine, particularly in relation to the needs of people who are aged or have a disability.</p>	<p>These projects laid the groundwork for the commitment to establishing Multipurpose Services in Nhulunbuy and also Tennant Creek, and a proposal to establish the Katherine Transitional Care Unit for aged people requiring assistance following hospitalisation to ensure a safe, successful return to home (see Goal 1.8).</p>	NT

6.3 Resources to address health inequalities

Guarantee resources for targeted communities and groups with health inequalities, such as:

- *Aboriginal and Torres Strait Islander communities*
- *ageing communities*
- *growth areas, particularly access to funding for children and family services*
- *communities with diverse cultural and language backgrounds*

Program	Outputs/Outcomes	
<p>Targeted funding for programs such as the Medical Specialist Outreach Assistance Program, Regional Health Services and Multipurpose Services aims to address communities of need.</p>	<p>For information specific to Aboriginal and Torres Strait Islander communities see Goal 2.</p> <p>For information specific to ageing communities or children see Goal 1.</p>	CW
<p>The Rural Retention Program provides retention payments as an incentive for doctors to continue to practice in rural areas. It is aimed at rural locations that are at risk of losing doctors.</p>	<p>To the end of March 2001, payments totalling in excess of \$24m have been made to 2,015 doctors (of these, 1,641 have received two payments).</p>	CW

Program	Outputs/Outcomes	
<p>The Rural Hospitals and Health Services program is combined with the Multipurpose Services Program, a joint initiative between NSW Health and the Commonwealth Department of Health and Ageing. The program has been developed in recognition of the need to bring about improvements in delivery of, and access to quality health and aged care services in smaller rural communities through a collaborative approach between government and non-government providers.</p>	<p>16 of 34 sites have been planned and designed with a number of building tenders let in July 2001. Planning has taken account of acute and aged care needs, and has been undertaken in the context of the facility within an Area network of services.</p> <p>It is anticipated that planning for an additional nine sites will be complete in mid 2002. Planning for a further nine sites should be completed in late 2002.</p>	NSW
<p>The Rural Minor Works Program funds small-scale capital projects which address an identified service need. These are consistent with service plans and will be of demonstrable benefit to the community.</p>	<p>\$2.964m recurrent funding was provided under this Program to rural Area Health Services for minor works projects during 2001–02. These include upgrading of accident and emergency departments, oncology and consulting suites in small rural hospitals, upgrade of lift and fire exits, refurbishment of wards, and relocation of services.</p>	NSW
<p>The Health Technology Program provides funding to rural Area Health Services for specialised high-cost equipment, such as ultrasound units, general purpose x-ray room equipment, gamma cameras, computed tomography (CT) scanners and anaesthetic monitoring equipment.</p>	<p>\$2.9m was allocated to seven rural Area Health Services under this program in 2000–2001.</p>	NSW
<p>Rural and Remote Palliative Care Modelling Projects support rural Area Health Services in meeting the key elements required in palliative care service delivery, as indicated in the <i>NSW Palliative Care Framework 2001</i>.</p>	<p>\$233,000 has been allocated in 2001–2002 to five projects located in the Far West, Greater Murray and New England Area Health Services.</p>	NSW

- The **Rural Human Services Strategy** is being developed by the **Victorian** Department of Human Services to provide a framework to plan the delivery of sustainable high quality human services in rural and regional Victoria for 2002–2007.

Program	Outputs/Outcomes	
<p>Under the Home and Community Care Program recurrent and one-off funds specifically targeting Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities are provided.</p> <p>Additional funding is provided to rural community health services to increase access to allied health services, especially for people with chronic and complex conditions and for children.</p>		VIC

Program	Outputs/Outcomes	
Expanded Allied Health Services	There has been an estimated increase of over 9,000 hours of service provision.	VIC
Language Service Pilots in Primary Care Settings (Hume Region) provide improved access to Primary Care services by the cultural and linguistically diverse population in the Goulburn Valley.		VIC
Local Service Delivery Plans reflect priorities in each community and action to be taken to implement objectives.		VIC
Koori Injury Prevention Small Grants Scheme (Grampians Region)		VIC
Koori Women's and Children's Health Program (Grampians Region).		VIC
QLD Health has invested in health programs for Aboriginal and Torres Strait Islander communities and in child health services.	These programs are outlined under Goals 1 and 2.	QLD
Umoona Tjuta Health Service at Cooper Pedy provides specific culturally appropriate health services for local Aboriginal communities. The Department of Human Services and the Commonwealth provided joint funding for capital infrastructure work.	A new aged care facility is to be built to accommodate ageing Aboriginal people in this remote region.	SA
One of the Department of Health's three key purchasing principles is to provide care closer to home, to ensure people have equal access to services.	See Goal 1.	WA
Community Aged Care Packages for Aboriginal and Torres Strait Islander peoples in TAS continue to be granted to Aboriginal service organisations.	Ownership and involvement of the aboriginal community in managing Community Aged Care Packages.	TAS
The Aboriginal Health Promotion Incentive Fund supports Aboriginal community-initiated health promotion projects.	See Goal 2.4.	NT

6.4 Transport needs

Attend to the transport needs of people living in rural, regional and remote Australia by developing partnerships among government agencies with community groups

Program	Outputs/Outcomes	
The Royal Flying Doctor Service is funded to provide a range of health care services to rural and remote communities and travellers/itinerants who are beyond the normal medical services.	The current funding agreement with the Service provides almost \$83m over five years, with the Government providing approximately \$18m in 2001–2002.	CW

Program	Outputs/Outcomes	
The Rural Women's GP Service aims to improve access to primary and secondary health care services for women in rural areas who currently have little or no access to a female GP.	Arrangements are in place for the provision of visiting female GP services to more than 100 locations where there is a lack of female GP services.	CW
Medical Specialist Outreach Assistance Program See box on page 206.	This program provides funding for incentives and/or travel costs to specialists to provide outreach specialist services in rural and remote areas.	CW
The Health Related Transport Program aims to provide access to and from health-related facilities for people who do not have access to private or other public means of transport.	Two years worth of funding totalling over \$1.6m has been approved under the Program. This funding goes to 49 organisations, mostly community transport organisations, Aboriginal Medical Services and local councils. 70% of funding goes to services located in rural Area Health Services.	NSW
NSW Health is undertaking a Second Tier Transport Feasibility Study which aims to identify current issues with regard to non-emergency health-related transport services and will make recommendations on models to improve the coordination and efficiency of the current system.		NSW
Community Transport Project	South West Community Transport Service established.	VIC
Assessment of Transport Needs in the Gippsland Community formulates and develops recommendations for improved use of existing resources and develops strategies that will enable improved access to transport.		VIC
The Wimmera Volunteers Transport Program aims to increase the pool of transportation available to individuals in rural and remote areas, enabling them to gain access to necessary health services in local and neighbouring areas.		VIC
The Community Managed Transport Scheme enhances transport services that target elderly residents of communities across the region enabling them to maintain independence and provide better access to local and neighbouring health care and community facilities.		VIC
The Victorian Patient Transport Assistance Scheme provides financial, travel and accommodation assistance for people in rural regions who travel over 100km one way to the nearest specialist medical consultation.		VIC

Program	Outputs/Outcomes	
South West Community Transport (Barwon South Western Region)	<p>A Community Transport Program Development Broker has been employed and transport services coordinated.</p> <p>A database of commercial and community transport is available in the southwest region of Victoria.</p> <p>Brokerage funds have been provided to purchase transport services.</p>	VIC
Loddon Mallee Transport Initiative	<p>A joint Department of Human Services/Department of Infrastructure Regional Transport Strategy has been published.</p> <p>A local transport network has been established and a sub-regional transport coordinator employed.</p> <p>Home and Community Care funding submissions for community transport projects have been developed.</p> <p>Vehicle costs in the Region have been reviewed.</p> <p>Initial work on preparation of a Productivity Investment Fund application to fund a Regional Community Transport Development Officer position has been carried out.</p>	VIC
Community Managed Transport Programs (Hume Region)	<p>Access to transport has been improved.</p>	VIC
<p>The Community Care program area of the Department of Human Services aims to improve transport for people with disability.</p>	<p>A Working party on public transport has been established to address issues relating to the taxi industry, in particular wheelchair accessible taxis.</p> <p>A Community Transport Strategy is being established for people with a disability to compliment the provision of broader community transport services.</p>	VIC
<p>QLD Health's Patient Travel Subsidy Scheme provides financial assistance to patients who need to access specialist medical services that are not available in their local area.</p>	<p>The scheme can provide a subsidy for the cost of travel and accommodation for patients and in some cases for the costs of escorts who are required to travel with them.</p>	QLD
<p>The Step Down Unit provides coordinated medical and transport services to Aboriginal people coming to Adelaide for hospital treatment from rural, regional and remote areas in SA.</p>	<p>The Step Down Unit aims to improve access of medical services with the provision of transport and support services.</p>	SA
<p>The Department of Human Services together with the Public Transport Board is exploring integrated transport solutions for rural and remote SA.</p>	<p>Consultation in regional areas has taken place. Funding will be redirected and local planning and funding boundaries removed.</p>	SA

Program	Outputs/Outcomes	
West Australians who have to travel more than 100kms to obtain specialist medical services are eligible for the Patient Assisted Travel Scheme . Patients currently receive a kilometre allowance of 13 cents.	The Scheme has been reviewed and new strategies will be implemented from 1 July 2002 to make the scheme more responsive to priority needs.	WA
The TAS Patient Travel Assistance Scheme was reviewed in 1999.	Improved targeting of available travel assistance funds.	S TAS
A number of the Regional Health Service Program submissions request funding to improve community transport services for rural communities.	More appropriate, accessible and sustainable community transport services in rural areas.	TAS

GOAL 7 Achieve recognition of rural, regional and remote health as an important component of the Australian health system

Overview

Commonwealth

Since 1996, over \$1.2 billion has been spent by the Commonwealth on targeted programs for rural health and aged care. This is in addition to the estimated \$6.2 billion that is provided by mainstream programs to rural areas (such as Medicare and Pharmaceutical Benefits Schemes). More than \$550 million over four years was provided in the *Regional Health Strategy: More Doctors, Better Services* which was announced in the 2000–2001 Budget.

A communication strategy was also funded to inform rural health consumers and professionals of the Commonwealth rural health programs. A rural health newsletter is being published four times a year; the rural health Internet site averages 6,000 hits per month; and a toll free number is available for information about Commonwealth rural health programs.

The Commonwealth also funds organisations to support the advocacy role of communities and health professionals including:

- the [Council of Remote Area Nurses of Australia](#);
- the [Health Consumers of Rural and Remote Australia](#); and
- the [National Rural Health Alliance](#).

The [Rural Health Support, Education and Training Program](#) has recently been re-organised and funding will soon be provided to a Rural and Remote Allied Health Advisory Service, which will provide advice on workforce issues and relevant policy development for rural allied health professionals. It is anticipated that further support for allied health professionals will be provided over coming years.

New South Wales

NSW Health's commitment to promoting rural, regional and remote health as an important component of the NSW Health System was advanced with the establishment of the [Rural Health Implementation Coordination Group](#) (RHICG) in 2000. RHICG was one of a number of groups established under the NSW Government's Action Plan for Health to implement the recommendations included in both the Health Council and the Sinclair Reports.⁴

A number of the priority areas to be addressed by the RHICG will result in the increased recognition of the important role of rural, regional and remote health as a component of the health system. There is consistency between the priority areas identified through Healthy Horizons and those being progressed by RHICG: aged care; transport; rural workforce; planning and networking of services; upgrading services and supporting rural providers; implementation of service development in smaller towns; and inter and intra-government relations.

The RHICG has also contributed to the work of other Government Action Plan groups to ensure that rural, regional and remote issues and perspective are included in the

⁴ These reports are available at www.health.nsw.gov.au/policy/gap/reports/reports.htm.

recommendations of the Information Management Group, the Teaching and Research Group, the Consumer and Community Participation Group and the Funding Models Group.

NSW rural Area Health Services provide approximately 82 per cent of services to rural people within rural Areas. The policy of increasing the volume and range of services able to be provided in a sustainable quality manner is being progressed.

NSW Health is also supporting a number of initiatives which facilitate the presence of rural health in academic institutions and thereby increase recognition of rural and remote health as an important component of the NSW health system. Such initiatives include the establishment of [Professional Chairs in Nursing and Professorship and Centre for Rural and Remote Mental Health](#).

The [Rural Health Councils](#) also play an integral role in advocating and lobbying for health resources in rural, regional and remote NSW.

Victoria

All the programs and projects listed under the previous goals demonstrate specific ways in which the Victorian Department of Human Services is actively achieving recognition of rural, regional and remote health as an important component of the Australian health system. Other initiatives working towards this goal include a new Departmental structure, funding commitments and the Department's Community Building and Neighbourhood Renewal Program.

The restructure of the Department of Human Services has included the establishment of a [Rural and Regional Health and Aged Care Services Division](#), which focuses on the health and aged care needs of people in rural and regional Victoria. The Executive Director of the Division is a member of the Department Executive so rural issues in Human Services are now represented at the highest level. Another relevant feature of the restructure is the new [Rural and Regional Health Services Branch](#). This Branch has the organisational mandate to guide, negotiate and coordinate program development to achieve more relevant outcomes for rural services, providing a strategic focus for the development of rural health policy, acting as a primary focus of contact and liaison with peak bodies in the rural health sector and coordinating service development and planning for rural health.

The Branch has responsibility for implementing the [Government's rural health policy commitments](#). The commitment to achieving recognition for rural, regional and remote health is demonstrated by the allocation of \$29.85m for rural health initiatives 1999–2000 to 2003–04 and major Capital works programs for rural hospital upgrades.

The [Community Building and Neighbourhood Renewal Program](#) focuses on locally based solutions, the promotion of integrated health services, equipping rural people with the necessary skills, information, resources and motivation to manage change in their communities and encouraging positive initiatives for local communities that build a sense of community and expand the local economy. The aim is to build flexibility into the delivery of health and related services and to continually evaluate service effectiveness against the background of changing social profile, the needs of all age groups and the nature of small rural communities.

Queensland

The Queensland Minister for Health has established a [Ministerial Rural Health Advisory Council](#) to provide strategic advice in relation to contemporary rural health issues. The Council has representatives from consumer and non-government organisations, peak bodies from medical, nursing and allied health professions, and Queensland Health.

Queensland Health ensures that it addresses rural and remote health services through a [zonal system of management](#). Attention to rural health service needs over time has meant that more than 80 per cent of public hospitals are located outside of metropolitan areas. Outreach and travelling health services to rural and remote areas are being expanded.

The zonal system allows for opportunities to create support links between rural and metropolitan services. An example of this is the [Southern Zone ‘buddy’ system](#) which pairs rural and metropolitan health service districts. Such initiatives create opportunities for enhancing the skills for rural employees and improving leave coverage.

The support for the advocacy role of communities is evidenced by the [Country Doctors — Communities Building Capacity](#) initiative, which uses the latent capacity of regional and rural communities in Queensland to influence the medical workforce market’s impact upon their local community.

South Australia

The South Australian Government has recognised the specific needs of rural, regional and remote communities. The Department of Human Services is structured in response to this priority.

The implementation of regionalisation of rural areas has presented a unique opportunity for rural South Australians to develop and implement regionally specific health services that are tailored to individual community needs. The seven regions each have their own board and regional general manager who have assumed important roles and functions which were previously the responsibility of the Department. There has been a successful devolution of some of the functions from the Department to the regional boards in relation to local service planning, analysis of service outcomes and distribution of financial resources. The [Country and Disability Services Division](#) within the Department advocates across Government for the recognition of rural communities and is fostering the development of partnerships and networks between metropolitan services and rural and remote services.

Key achievements under Goal 7 have included:

- establishment of dedicated units for rural and remote health;
- whole of government focus on the needs of rural and remote communities;
- innovative approaches to meet the needs of rural nursing;
- exploring innovative service models that meet the needs of country people; and
- developing effective links between regional services and a range of centrally based services.

Western Australia

The Western Australian health system is a complex network responsible for a budget of more than \$2 billion, employing more than 20,000 staff working to improve the health and well-being of Western Australians (Health Administrative Review Committee, June 2001).

The location of hospitals has evolved historically along major transport routes. Health services are often the major employer in the town and communities tend to focus on facilities rather than services. Key regional sites provide the majority of specialist’s services such as surgery, obstetrics and gynaecology, and general surgery and often these are on a visiting basis. To support these visiting services, competent and qualified nursing and allied health staff are necessary and it is often difficult to obtain suitably qualified professionals. Often, staff turnover is extremely high because of limited opportunities for professional

development. In areas such as the South West campus a 'hub and spoke' method of service delivery allows support for the smaller sites from the regional centre.

Tasmania

Key divisions within relevant bodies recognise and support the specific needs of rural Tasmanians. These include the division of [Community Population and Rural Health](#) within the Tasmanian Department of Health and Human Services, the [University Department of Rural Health](#) within the University of Tasmania, and the [Rural Workforce Support Unit](#) within the Tasmanian General Practice Divisions.

Northern Territory

In the Northern Territory, rural and remote health is synonymous with Aboriginal health, which is the number one health priority. This is reflected in all policy documents, strategic approaches and main focus of the Territory's health services.

Within the Northern Territory there are strong advocacy groups lobbying for increased resources and improved services for Aboriginal people. The Northern Territory works in partnership with these groups. Rural and remote health is therefore a significant component of the Northern Territory health care system, largely because it is also bound up with social and economic development of Aboriginal communities that are essential to lasting improvements in health outcomes.

In recognition of the fact that the health of Territorians is a shared Northern Territory and Commonwealth responsibility, the Northern Territory lobbies hard in national forums to raise awareness of the Aboriginal health problem in rural and remote communities, and to secure a fair share of the nation's health resources commensurate with need.

Rural and remote health and service delivery is a prime focus in the NT. This is demonstrated by commitment to the development of [Health Zones](#) under the Primary Health Care Access Program which will eventually cover the whole of the NT, and [Multipurpose Services](#) in two of the major remote regions. More than half of the Territory's health budget is directed towards Aboriginal Health, which is the key rural and remote issue. Despite this there are still inequities and major health concerns throughout Aboriginal populations in the NT.

Acknowledging that this is a long-term process, the focus on future development is on tackling the underlying causes of Aboriginal health problems at a community level, as well as forming partnerships with Aboriginal communities. There is also an increasing focus on taking services to remote areas, ensuring cultural appropriateness of services and maintaining people's connection with their community.

Australian Capital Territory

The ACT signed a [Memorandum of Understanding](#) with the Australian National University and the University of Canberra on 27 June 2001. The University will use modern and innovative approaches to learning and will aim to achieve a central focus on patient and professional outcomes, emphasising teamwork across the health professions. Through the Commonwealth's Regional Health Strategy up to 25 rurally bonded students will commence their studies in 2004.

7.1 Fair allocation of resources

Allocating a fair proportion of health care resources which reflect the needs of rural, regional and remote Australian communities

Program	Outputs/Outcomes	
<p>Since 1996, a broad range of targeted programs have been introduced to:</p> <ul style="list-style-type: none"> • prepare doctors and other health professionals to manage rural health issues; • increase the number of health professionals in rural and remote areas; and • put more health services into regional Australia. 	<p>Over \$1.2 billion has been spent since 1996 on targeted programs for rural health and aged care.</p> <p>This is in addition to the estimated \$6.2 billion that is provided by mainstream programs to rural areas (such as the Medicare Benefit Scheme and the Pharmaceutical Benefits Scheme).</p>	CW

- The **Regional Health Strategy** (2000–01 Budget) provided more than \$550 million for 14 rural health programs to address the historic imbalance of health care services available to people living in rural areas compared to their metropolitan counterparts. Funding was provided through the following programs.
- **Growing and strengthening the rural health professionals workforce**
 - new GP registrars;
 - More Allied Health Services;
 - Medical Specialist Outreach Assistance Program;
 - Enhanced Rural Australian Medical Undergraduate Scholarships; and
 - Workforce Support for Rural GPs.
- **Better health services for regional Australia**
 - Regional Health Services expansion;
 - Enhanced Rural and Remote Pharmacy Package;
 - Bush Nursing, Small Community and Regional Private Hospitals;
 - Rural Chronic Disease Rural Initiative; and
 - Aged care — Adjustment Grants for Small Rural Facilities.
- **Enhancing rural education and training for health professionals**
 - additional University Departments of Rural Health and rural Clinical Schools;
 - HECS Reimbursement; and
 - scholarships for medical students to practice in rural areas.
- A **Communications Strategy** was funded to ensure that rural and remote communities knew about these initiatives. The 2001–02 Budget continued the commitment by providing over \$117 million to increase the rural nursing workforce, through employment of practice nurses in the private sector and increased numbers of rural students undertaking undergraduate nursing education.

Program	Outputs/Outcomes	
<p>The NSW Health Resource Distribution Formula is used to guide funding of Area Health Services on equity principles that reflect population growth and health needs. The Formula takes into account the health needs of the local population and additional cost components in providing services to specific populations (such as rural Areas).</p> <p>A number of components in the Formula are specifically related to the rural issues.</p>	<p>NSW Health is currently undertaking a review of rural factors in the Formula in line with recommendations of the Health Council and the NSW Ministerial Advisory Committee on Health Services in Smaller Towns.</p> <p>Growth funding announced over the three years from 2000–2001 to 2002–2003 is being directed to ensure Areas receive a fairer share of funding resources and that funding inequities are addressed.</p>	NSW
<p>Targeted Education and Resource Grants are provided to regional and rural trauma service providers to ensure that trauma services have the appropriate resources for the level of service provision.</p>		VIC
<p>The Single Machine Unit Radiotherapy Trial has established three single machine radiotherapy units in rural centres to improve access to and address demand.</p>		VIC
<p>QLD Health has a zonal system of management with three zones incorporating 38 Health Service Districts. Most of these are in regional, rural and remote areas. Health Service Districts are responsible for the management and delivery of health services through service agreements.</p>	<p>Over time QLD Health's attention to regional needs has meant that over 80% of public hospitals are located outside of metropolitan areas. There are more available beds per 1,000 population in rural (3.0) and remote (5.7) areas than in the metropolitan area (2.8). Outreach and travelling health services to rural and remote areas are being expanded.</p>	QLD
<p>The Country and Disability Services Division is responsible for service planning and coordination, purchasing, monitoring and evaluation of efficiency and effectiveness of services, business improvement, management development and support to rural and remote areas in South Australia. Integration of human services and the development of innovative service models across community services, housing, health and disability is a high priority.</p>	<p>The Country and Disability Service Division funds 66 country hospitals and a range of other health services through service agreements. In addition the Country and Disability Service Division has responsibility for the service planning, coordination and purchasing of state-wide disability services.</p>	SA
<p>Funding distribution to rural health services by the Department of Health has grown over the last five years. The rural proportion of total Health Services allocation has also grown over this period.</p>	<p>The average allocation for each area is metropolitan 77.1% and rural 22.9%.</p>	WA

Program	Outputs/Outcomes	
In keeping with the policy of providing care closer to the home, the Department of Health has allocated \$660.7m to capital works in the last eight financial years, much of which is in rural areas.	Major redevelopment/replacement projects are underway at Geraldton (\$35.0m), Halls Creek (\$7.6m), Kalgoorlie (\$6.0m) and Port Hedland (\$11.0m) hospitals. Broome hospital redevelopment has been completed at a cost of \$15.3m. Many rural health services throughout the State have been upgraded through the Multipurpose Service Program. Equipment in rural areas has recently received a significant funding boost in areas such as surgical and emergency services, and endoscopy services. Annual minor works allocations and other state-wide initiatives such as WorkSafe compliance, organ imaging and mental health services, also include capital commitments for rural and remote areas.	WA
The University Department of Rural Health (University of TAS) has been established and is acting as a catalyst for the development of a comprehensive and coordinated approach to rural health education, training and research across the State, and across the range of relevant disciplines and professions.	Improved health outcomes through better health education, training and research in rural areas.	TAS
Commonwealth funding has been approved for the development of a multidisciplinary Rural Health School based at the North West Regional Hospital in Burnie. The initiative is part of the National Health Strategy to develop a focussed network of health profession education to strengthen the rural health professional workforce.	Strategic placement of infrastructure and resources in rural areas.	TAS
Rural and remote health and service delivery is a prime focus in the NT . This is demonstrated by commitment to the development of Health Zones under the Primary Health Care Access program eventually covering the whole of the NT and Multipurpose Services in two of the major remote regions.		NT

7.2 Advocacy role of communities and health professionals

Supporting the advocacy role of communities and health professionals in rural, regional and remote Australia

Program	Outputs/Outcomes	
Council of Remote Area Nurses of Australia	See Goal 5.6	CW

Program	Outputs/Outcomes	
Funding is provided for Health Consumers of Rural and Remote Australia to work collaboratively with health service providers to achieve better health outcomes for consumers in rural and remote Australia.	Funding of \$100,000 over three years is provided to the Health Consumers of Rural and Remote Australia to undertake these activities.	CW
The National Rural Health Alliance is provided with funding to support its operations, produce the <i>Australian Journal of Rural Health</i> , and fund the biennial National Rural Health Conference.	An agreement between the Commonwealth and the Alliance provides core funding of \$1,521,500 from 1999 to 2002. A successful rural health conference was conducted in March 2001, culminating in a listing of recommendations.	CW
NSW Health has continued to provide support to the NSW Rural Doctors Network .	An annual base grant of \$444,000 is provided as well as funding to rural workforce initiatives administered by the Rural Doctors Network on the Department's behalf (see Goal 5.7).	NSW
The Consumer and Community Participation Implementation Coordination Group was established as part of the Government Action Plan for Health to advise on implementing Government commitments in relation to consumer and community participation.	The Group has prepared a draft report containing a series of recommendations aimed at establishing mechanisms to allow consumers to have input in decision-making. The draft report has been subject to a three-month state-wide community consultation.	NSW
A Grants Program is available for consumers who want to be involved in improvement of breast care services. The Program provides financial assistance for attendance at conferences and advocacy training sessions.	The Program enables consumers to better participate in service planning and development.	VIC
The Minister for Health has established a Ministerial Rural Health Advisory Council to provide strategic advice on contemporary rural health issues including the development of health service models, patient transport, service issues, student placements, scholarships, rural health training units, clinical privileges, flying specialist services. The Council has representatives from consumer and non-Government organisations, peak bodies from medical, nursing and allied health professions, and QLD Health.	The Council develops recommendations on health issues and needs for rural communities, recruitment, retention, education and training of rural health workers and a whole of government approach to better health.	QLD
QLD Country Doctors – Communities Building Capacity supports action by local communities to deal with increasing competition in the market which makes it difficult for rural communities to recruit and retain a quality medical workforce.	The initiative has been piloted in a rural shire. The pilot community is demonstrating enterprise in building not only its medical workforce capacity but its health services generally. Other rural shires are in various stages of implementation of the initiative.	QLD

Program	Outputs/Outcomes	
<p>The State Government has a significant interest and role in regional issues. The Government commissioned a Regional Development Task Force to report on strategies to strengthen SA's regions. This report highlighted some key concerns of regional communities, including a perceived lack of acknowledgement of the contribution that regional services make to SA, insufficient involvement of the regions in decision-making, as well as concerns about the withdrawal of services and staff from regional towns and infrastructure gaps constraining development.</p> <p>The Department of Human Services contributed to the development of key strategies designed to address the identified issues.</p>	<p>The 2000–2001 State Government Budget announced major new initiatives tailored specifically for the regions in rural health, education, infrastructure, building, communication technologies and the information economy, community safety, water resource management, farmer assistance and business development.</p>	SA
<p>To ensure that it is responsive to consumer needs, the Department of Health has produced a Strategic Quality Plan and made an agreement with the Commonwealth to provide funding from 1998–2003 for initiatives to improve quality.</p>	<p>One of the seven initiatives agreed on is to strengthen the consumer voice by:</p> <ul style="list-style-type: none"> • providing appropriate and accessible health information; • ensuring consumers play an active role in the planning, delivery, monitoring and evaluation of health care within all spheres of the health system; • ensuring education and training for health care providers focuses on supporting consumer involvement; and • ensuring health services strengthen mechanisms for improving accountability to consumers. 	WA
<p>The Department of Health's New Vision for Community Health Services for the Future recognises the importance of supporting the advocacy role of communities and health professionals.</p>	<p>A guiding principle is to 'involve community groups in identifying their health issues, planning and acting on their strategies for social action/social change and gaining increased self reliance and decision making power as a result of their activities. A community development perspective that uses the empowerment strategy is a framework for practice that allows for creative and innovative ways to improve health.'</p>	W/A
<p>Forming partnerships with Aboriginal communities is a fundamental principle of Foundations For Our Future, which is a pivotal strategy for the NT's social and economic future, and Territory Health Services Strategy 21st Century.</p>	<p>The partnership approach to better health is based on the realisation that Government alone cannot solve Aboriginal health and community development problems.</p>	NT

7.3 Recognition of skills and expertise

Developing mechanisms which recognise and reward unique skills and expertise of health professionals in rural, regional and remote areas

Program	Outputs/Outcomes	
Through its program of Conference Sponsorship for Rural Health Professionals , NSW Health has supported the attendance of rural health professionals at relevant conferences for the various disciplines.	Total funding of \$45,400 has been provided to allow 27 rural health professionals to attend conferences.	NSW
The establishment of a Professorship and Centre for Rural and Remote Mental Health aims to bring together a critical mass of expertise in order to provide leadership and focus for the development of effective and efficient rural and remote mental health services. The initiative recognises long-standing difficulties including: <ul style="list-style-type: none"> • identification and response to the needs of rural and remote communities, including the impact of demographic and economic trends in rural NSW; • the need to develop appropriate and cost-effective service models for the mental health care of dispersed populations; • problems in recruiting, retaining and providing professional development for clinical staff; and • education and training development specific to rural and remote mental health. Research relevant to rural and remote mental health will also be undertaken.	See also under Goal 1.2.	NSW
Professional chairs in rural and remote nursing have been established at the University of Sydney and Charles Sturt University with the aim of enhancing and extending the specialty of rural and remote nursing practice in NSW	\$200,000 has been provided to establish the chairs.	NSW
The Department of Human Services provides regional support and participates in the Rural Network Advisory Group (Hume Region).		VIC
Support is provided for Rural Health Week (Hume Region).		VIC
A number of Health Service Districts in rural and remote areas have staff excellence awards that recognise achievements of staff.		QLD

Program	Outputs/Outcomes	
Two programs have been developed to further the skills and recognition of nurses in rural and remote regions .	<p>The Nursing Mentoring Program is designed to acknowledge the skills and abilities of rural nurses. It focuses on the support of graduating nurses by regional colleagues.</p> <p>The Nurse Practitioner Program acknowledges that rural, regional and remote nursing is a specialist area. It supports accredited rural nurse practitioners providing skilled services in rural, regional and remote SA.</p>	SA
The Department of Human Services has established a range of toll free telephone services for consumers and workers in rural and remote SA .	These services are part of strategies to provide rural, remote and isolated people with greater access to health information and services.	SA
The skills and expertise of rural doctors are recognised through the offer of a premium above that of their metropolitan counterparts to reflect the unique features of practice in rural and remote areas.	A premium of 4% is offered for services in rural public hospitals in regional centres increasing to 20% in remote locations. Rural GPs are also provided procedural payments at specialist rates.	WA
The Department of Health recognises the additional work and contribution of remote area nurses through support to their practice and the removal of legislative barriers to remote area practice.	Where there are areas of shortage, incentive programs have been introduced to retain nurses with particular skills such as peri-operative nursing and midwifery.	WA

7.4 Partnerships between metropolitan, rural, regional and remote services

Establishing partnerships between metropolitan and rural, regional and remote services to improve service, training and support opportunities

Program	Outputs/Outcomes	
<p>Medical Specialist Outreach Assistance Program</p> <p>See box on page 206.</p>	The Program also provides funding for the visiting specialists to provide support and upskilling for GPs and specialists practising in rural areas.	CW
NSW Health has introduced the Clinical Networks Program which funds either the enhancement of existing projects or the establishment of new services in rural areas where infrastructure is needed to formalise networks with metropolitan services.	<p>Seven projects, with an estimated total cost of \$2.641m have been supported under the Program during 2001–02 and 2002–03. These projects include:</p> <ul style="list-style-type: none"> purchase of equipment to enhance existing visiting services; and development of space to enable the establishment of new visiting services. 	NSW

Facilitating diabetes care in rural areas of New South Wales

- The Telemedicine Diabetic Foot Project is a joint venture between NSW Health and four Area Health Services. The Project facilitates routine and urgent consultation between the Royal Prince Alfred Hospital Diabetes Centre and rural sites with the aim of:
 - treating patients with diabetic foot disease locally;
 - providing a forum for continuing education for local health professionals; and
 - reducing the rate of diabetes-related amputations.
- Diabetes Foot Clinics have been established at each site and are staffed by health professionals who have been specifically trained in diabetes foot care.
- The referral rate to the clinics by medical officers has increased. There has been earlier treatment of diabetic foot problems and a significant reduction in lower leg amputations.
- Skills of medical officers and nursing staff have been enhanced by the team approach to the management of the patients and the significant specialist input from the Royal Prince Alfred Hospital.

Program	Outputs/Outcomes
<p>Low-cost Teledermatology Consultant Support for GPs Project links rural GPs with metropolitan consultant dermatologists to determine the utility and acceptability of low-cost technology-based remote consultations.</p>	VIC
<p>Partnerships between metropolitan and regional services are supported through ongoing representation in a range of state-wide initiatives, for example, Vic Health, the Heart Foundation and the Asthma Foundation.</p>	VIC
<p>QLD Health's Southern Zone has established a 'buddy' system pairing rural and metropolitan health service districts for management and corporate services support and staff relief arrangements.</p>	QLD

Program	Outputs/Outcomes	
<p>The Rural Development Unit is an initiative within the Country and Disability Division of the Department of Human Services to focus on the recruitment and retention and professional development for regional workers. Implemented in regional SA, it focuses on developing the capacity of the rural health workforce.</p>	<p>The unit runs a range of successful programs which include:</p> <ul style="list-style-type: none"> • Traineeship Support Program; • Rural Education Scholarship Scheme; • Mentoring Strategy; • Peer Shadowing Program; • Pika Wiya Project; • Clinical Placement Scheme; • VET in Schools Program; • Enrolled Nursing Cadetship Program; • Middle Management Training Program; • Mental Health Workforce Development; and • Medical Specialists Outreach Assistance Program. 	SA
<p>WA recognises the potential for further improvement between metropolitan and rural areas.</p>	<p>In regard to training, please see Goal 5.</p>	WA
<p>WA has eight Public Health Units across the State that strive to provide advocacy on behalf of their communities to address their needs.</p>		WA
<p>Medical Special Outreach Teams</p>	<p>See Goal 4.3.</p>	NT
<p>Darwin and Alice Springs each have education and training officers based in regional area to determine training needs of rural and remote health staff and provide orientation training. This also maintains an ongoing link with Workforce Support.</p>		NT
<p>Staff Development Rotation Structure</p>	<p>Negotiation is underway to develop a structured program for nurses that would involve periods of time working at remote localities, interspersed with periods working in specialist units in Royal Darwin Hospital.</p>	NT

7.5 Maximal use of resources and skills

Developing innovative links to maximise use of resources and skills across the health and community sectors

Program	Outputs/Outcomes	
<p>The communication strategy of the Regional Health Strategy aims to inform rural health consumers and professionals of the Commonwealth rural health programs.</p> <p>See also box on page 144.</p>	<p>Annually four editions of the rural health newsletter, <i>Regional Health Check</i>, are published and distributed.</p> <p>The Rural Health Internet site has averaged 6,000 hits to pages per month since its launch in October 2000.</p> <p>A toll-free number is available for information about Commonwealth rural health programs: 1800 020 787.</p>	CW
<p>The Grampians Regional Infection Control Group provides a forum to share information and resources at a regional level.</p>		VIC
<p>The Comprehensive infection control resource library (Grampians Region) is managed by regional infection control practitioners with resources used by all agencies across region.</p>		VIC
<p>Membership of Victorian Advisory Council on Infection Control Education Sub Committee (Grampians Region), which examines innovative approaches to infection control education.</p>		VIC
<p>A Memorandum of Understanding has been developed between Loddon Mallee, Department of Human Services and Latrobe University Bendigo for joint research and project activity.</p>		VIC
<p>Zonal Managers Forums provide the framework for linking resources from health and community sectors.</p>	See Goal 4.	QLD
<p>Multipurpose Services Program</p>	See Goal 4.3.	WA
<p>The Division of Community Population and Rural Health was created in the last restructure of the Department of Health and Human Services. This has resulted in rural health being given a significantly higher profile and wider recognition.</p>	Specific responsibility and focus within the Department for improving health outcomes in rural areas.	TAS
<p>Restructuring of positions and roles in Workforce Support is currently in progress to be more responsive to identified needs of staff in remote areas. This will include employment of additional staff with specific role of Aboriginal health worker training.</p>		NT

Appendix 1

Membership of the National Rural Health Policy Sub-committee

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Appendix 2

Member bodies of the National Rural Health Alliance

- Aboriginal and Torres Strait Islander Commission
- Association for Australian Rural Nurses Inc
- Australian College of Health Service Executives (rural members)
- Australian College of Rural and Remote Medicine
- The Australian Council of the Royal Flying Doctor Service of Australia
- Australian Nursing Federation (rural members)
- Australian Rural and Remote Allied Health Taskforce of the Australian Council of Allied Health Professions
- Council of Remote Area Nurses of Australia Inc
- Country Women's Association of Australia
- Frontier Services of the Uniting Church in Australia
- Health Consumers of Rural and Remote Australia
- Isolated Children's Parents' Association
- National Aboriginal Community Controlled Health Organisation
- National Association of Rural Health Education and Research Organisations
- National Rural Health Network (of University Medical and Health Undergraduate Clubs)
- Regional and General Paediatric Society
- Rural Doctors' Association of Australia
- Rural Faculty of the Royal Australian College of General Practitioners
- Rural Pharmacists Australia — Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
- Rural Policy Group of the Australian Healthcare Association
- Services for Australian Rural and Remote Allied Health

Abbreviations and acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
ACHSE	Australian College of Health Service Executives
ACT	Australian Capital Territory
AHA	Australian Healthcare Association
AHMAC	Australian Health Ministers' Advisory Committee
AHW	Aboriginal health worker
AIDS	Acquired Immune Deficiency Syndrome
ANF	Australian Nursing Federation
ATSIC	Aboriginal and Torres Strait Islander Commission
CRANA	Council of Remote Area Nurses of Australia Inc
CW	Commonwealth
CWAA	Country Women's Association of Australia
GP	general practitioner
HIV	Human Immunodeficiency Virus
ICPA	Isolated Children's Parents' Association
MUCs-Q	Medically Underserviced Communities of Queensland
NACCHO	National Aboriginal Community Controlled Health Organisation
NARHERO	National Association of Rural Health Education and Research Organisations
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NRHA	National Rural Health Alliance
NRHN	National Rural Health Network (of University Medical and Health Undergraduate Clubs)
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
RDAA	Rural Doctors' Association of Australia
RFDS	The Australian Council of the Royal Flying Doctor Service of Australia
RHICG	Rural Health Implementation Coordination Group
RPA	Rural Pharmacists Australia
SA	South Australia
STI	sexually transmitted infection
TAS	Tasmania
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VIC	Victoria
VICACD	Victorian Indigenous Committee for Aged Care and Disability
WA	Western Australia
WONCA	World Organization of Family Doctors