CEO VISION

PROJECT

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CEO VISION PROJECT

INTRODUCTION

FROM LODDON MALLEE REGION HEALTH WORKING GROUP CHAIRPERSON

As Chairperson of the Health Sector Working Group of the Department of Health and Human Services (DHHS) Loddon Mallee Region Health Services Partnership I am pleased to present the "CEO Vision" Project Report. The CEO Vision Project consultation engaged representatives from the health, community services and education sectors in the content and direction of potential investment projects to enhance the health and wellbeing of the communities across the Loddon Mallee Region. This report provides initial the evidence base, the discussion content and the Project outlines as prioritised by the Loddon Mallee Region health services CEOs.

Overwhelmingly the issue of health equity stood out as the driving force in the inspiration for priority focus areas and projects. Recommendations for projects were encapsulated in the "Imagination statements" seeking to support both equity and broader economic benefit to rural communities across the Region.

I would like to acknowledge the considerable contribution of the Health Sector Working Group members over more than two years to bring this Project to fruition and the support of the Bendigo Loddon PCP and the four other PCPs in the Loddon Mallee Region in facilitating the work of the CEO Vision Project. I would also like to thank the members of the Executive Steering Group, representing DHHS Loddon Mallee Region, the Murray PHN and Regional Development Australia Loddon Mallee Region.

I commend the CEO Vision Project Recommendations to Regional Development Australia for consideration as development and investment opportunities to meet the dual objectives of better health outcomes and economic enhancement for rural communities.

Dan Douglass
Chairperson

Health Sector Working Group
DHHS Loddon Mallee Region, June 2018

HEALTH SECTOR WORKING GROUP MEMBERS

Dan Douglass	CEO	Heathcote Health
Tricia Currie	EO	Loddon Mallee Women's Health
Margaret McDonald	CEO	Cobaw Community Health Service
Julia Morgan	CEO	Mildura Base Hospital
Mandy Hutchinson	CEO	Northern District Community Health
Eileen Brownless	EO	Bendigo Loddon Primary Care Partnership

PROJECT COLLABORATION/PARTNERS

- Regional Development Australia – Loddon Mallee Region
- Loddon Mallee Region Health Services Partnership
- Loddon Mallee Region Health Sector Working Group
- CEO Vision Project Executive Reference Group
- CEOs of Health and Community Services in Loddon Mallee Region
- Bendigo Loddon Primary Care Partnership
- Campaspe Primary Care Partnership
- Central Victoria Primary Care Partnership
- Northern Mallee Community Partnership
- Southern Mallee Primary Care Partnership
- Department of Health & Human Services

Dan Douglass ddouglass@heathcotehealth.org
Eileen Brownless eileenbrownless@bchs.com.au

The CEO Vision Project was a funded initiative of Regional Development Australia. The Health Sector Working Group wishes to acknowledge the support of Regional Development Australia – Loddon Mallee Region.

Regional Development
Regional Development Australia and Regional Development Victoria
LODDON MALLEE

An Australian Government Initiative

VICTORIA State Government

Primary Care Partnership
BENDIGO LODDON

LODDON MALLEE PRIMARY CARE Partnerships

EXECUTIVE SUMMARY

CEO VISION PROJECT

Health Equity was ascertained as the priority consideration for all initiatives and investment opportunities recommended by the CEO Vision Project to Regional Development Australia (RDA). The CEO Vision Project was commissioned in 2018 to inform RDA Loddon Mallee Region about potential Projects to meet their strategic direction intention to enhance the wellbeing and economic participation of people across the Loddon Mallee Region. The CEO Vision Project presents a collaborative view of the Loddon Mallee Region Health Service CEOs to progress the Project goal that rural Victorians will enjoy better health and wellbeing outcomes that are at least comparable to that of their metropolitan counterparts.

Access to services at a local level was identified as the key to health equity. This was reflected in the four top priorities: Access via digital technology, Access via transport opportunities, Access through local health and community service hubs, Access through services provided by a skilled local workforce. These four Project areas are recommended for business case development with a view for inclusion in an investment prospectus by Regional Development Australia

To support the CEO Vision Project goal recommendations for priority built and social infrastructure projects in the Loddon Mallee Region were derived from consultations with leaders of health, community services and education organisations. Nine focus areas were considered. A prioritisation process incorporated the participation and opinions of the Loddon Mallee Region Health Services Partnership.

The evidence is overwhelming that the disparity in health and economic outcomes for people living in rural communities is inextricably linked to access to health, education and community services and resources. The CEO Vision Project participants recognise that as leaders in rural communities it is essential to advocate, agitate for and assert the rights of those that live outside the capital cities for access to appropriate resources to achieve equal opportunities for health, wellbeing and economic participation.

Health Equity was ascertained as the priority consideration for all initiatives. Access to services at a local level was identified as the key to health equity.

Recommendations

The CEO Vision Project purpose is to identify built and social infrastructure investment opportunities to enhance the health and wellbeing outcomes for people across the Loddon Mallee Region. Access to services at a local level was highlighted as the key to health equity throughout the consultation and in the prioritisation process of the CEO Vision Project.

Four Project areas are recommended for business case development with a view for inclusion in an investment prospectus by Regional Development Australia

The four priority projects identified are:

- **Connectivity and Health - Local Telehealth Access enabling access to digital technology opportunities**
- **Health and Community Service Hubs enabling access to services delivered locally**
- **Building Local Workforce and Communities enabling access to services provided by a secure, skilled local workforce**
- **Loddon Mallee Enhanced Health and Wellbeing Transport Options enabling access to transport opportunities when essential for service access**

The recommendations aim to redress the barriers to rural community access to the health and education services and opportunities enjoyed by their metropolitan counterparts. Consultation conversations strongly acknowledged the value and importance of Prevention initiatives to enhance community health and wellbeing. Health equity, digital access, rural and regional research and health hubs were other areas highlighted at the consultation stage.

Project proposals developed to reflect the consultations were prioritised by the CEOs of the Loddon Mallee Region Health Services Partnership as follows.

PRIORITY ORDER	FOCUS AREA	RECOMMENDED PROJECT
1.	Access - Digital divide	Connectivity and Health - Local Telehealth Access
2.	Workforce of the Future	Building Local Workforce and Communities
3.	Access - Local Health Hubs	Health and Community Service Hubs
4.	Access - Transport	Loddon Mallee Enhanced Health and Wellbeing Transport Options
5.	Regional and Rural Research	Heathcote Dementia Village Collaborative Research and Learning Centre
6.	Social Inclusion	All Abilities Tourism Access Development
7.	Prevention Priorities	Sporting Infrastructure Inclusivity
8.	Climate, Economic Adverse Events and Community Resilience	Cool Community Places
9.	Gender Equity	Childcare Design Incubators

IMAGINE DOCUMENT

CEO VISION PROJECT

CONSULTATION PRIORITIES RECOMMENDED PROJECTS

ACCESS DIGITAL DIVIDE
Connectivity and Telehealth

WORKFORCE OF THE FUTURE
Building Local Rural workforce and Communities

ACCESS HEALTH EQUITY
Local Health and Community Hubs

ACCESS TRANSPORT
Loddon Mallee Enhanced Health and Wellbeing Transport Options

RURAL AND REGIONAL RESEARCH
Heathcote Dementia Village Collaborative Research and Learning Centre

SOCIAL INCLUSION
All Abilities Tourism Access Development

PREVENTION
Sporting Infrastructure Inclusivity

CLIMATE, ECONOMIC ADVERSE EVENTS and COMMUNITY RESILIENCE
Cool Community Places

GENDER EQUITY
Childcare Design Incubators

IMAGINE DOCUMENT

CEO VISION PROJECT

ACCESS DIGITAL DIVIDE

CONNECTIVITY AND TELEHEALTH

IMAGINATION STATEMENT

Imagine connectivity in all rural communities across the Region. There was no greater infrastructure need identified throughout the consultations. The health and well- being advantages touched the educational opportunities, economic drivers of the community, support for health equity in rural communities, for emergency and all other information access, to access health services through digital platforms (eg: NDIS, My Aged Care), social connection and many other areas.

Universal connectivity was the dream. We don't have to imagine Telehealth as a future reality. It is here, however not everywhere. Access to telehealth is the next major challenge in taking services to the people rather than the people to the services.

INVESTMENT

Small rural community access to telehealth is needed to reduce the health inequities in health service access for rural health status. Infrastructure investment is indicated that enables both group activity in larger spaces (eg: exercise classes, health education sessions) and more private telehealth access to consult a geographically distant health professional, such as a psychiatrist, an endocrinologist or an oncologist. This investment could be made into existing community facilities where they exist, and be developed in smaller, more isolated communities.

BUSINESS CASE

Telehealth refers to healthcare delivery or related activities (such as education), when some of the participants are separated by distance and information and communications technologies are used to overcome that distance.

Telehealth can be a cost-effective, real-time and convenient alternative to the more traditional face-to-face way of providing healthcare, professional advice and education. It can help to remove many of the barriers currently experienced by health consumers and professionals, such as distance, time and cost, which can prevent or delay the delivery of timely and appropriate healthcare services and educational support.

The objectives of using telehealth are to:

- **improve patient outcomes**
- **drive greater efficiency in the way health care is delivered**
- **support the delivery of the quality health care across the state**
- **make telehealth a viable alternate to the way some health care is traditionally delivered.**

It is important to consider the critical success factors identified by DHHS in the establishment of telehealth in small communities. These include that each rural access site would initially require a health service sponsor to support the establishment of the service, and that services are consumer-focused and consumers are supported in adopting telehealth. Local leadership, Involvement and collaboration across the sector will be necessary.

It can help to remove many of the barriers currently experienced by health consumers and professionals

IMAGINE DOCUMENT

CEO VISION PROJECT

WORKFORCE OF THE FUTURE

BUILDING LOCAL RURAL WORKFORCE AND COMMUNITIES

IMAGINATION STATEMENT

Imagine our Region's rural communities skilled and able to provide a local workforce to support the local demand for health and community services, for Aged Care, for dental care, for personal and allied health care of people with disabilities.

Stronger alignment between the current work of the Local Learning and Employment Networks and the health industry could further develop training and education opportunities for children, young people, women and men. Opportunities for skills development and education could be available more locally through negotiated relationships between existing centralised education providers (eg: Bendigo TAFE Centre of Excellence, SunniTAFE, LaTrobe University) and local educational institutions with learning facilities such as primary and secondary schools, neighbourhood houses, and community hubs with connectivity.

Concurrently childcare access could support the participation of women.

INVESTMENT

The investment required from health and community services would be to offer placement and supervision for students studying locally through skype or other on-line learning opportunities. This would offer the practical experience necessary to consolidate learning and support curriculum and qualification requirements.

Community hubs offering study, learning and connectivity can support outreach designed courses.

Bendigo TAFE is looking to develop the Health and Community Centre of Excellence, building on the currently available health courses in Community Services, Health and Nursing, Children's Services, Aged Care, Education Support, Dental Assisting, Disability and Work Health and Safety. Outreach programs and on-line courses can be offered where connectivity is available.

The North Central Trade Training Centre in Charlton offers a business model for the provision of local education supporting place-based skills requirements. The facility supports education in the local communities whereby it guarantees rural students access to modern facilities and equipment to undertake courses in areas of local skills shortages. This model could be expanded with an additional or parallel focus on health and community service training opportunities. The Local Learning and Employment Networks will be critical to the success of this initiative.

BUSINESS CASE

Using the model of the North Central Trade Training Centre (NCTTC), skills based training opportunities can be further enhanced across rural town centres of the Region. The NCTTC included the construction of a commercial kitchen, hairdressing facility, allied health facility, agriculture facility, automotive workshop, construction workshop and engineering workshop. It delivers Certificate I, II and III qualifications in aged care, agriculture, allied health, automotive, construction, engineering, hairdressing and hospitality to address skills shortages in these areas. State government support for TAFE qualifications courses make these opportunities affordable for rural people.

This could work to the retention of skilled young people in rural communities, to the economic development of rural towns, increased maternal workforce participation, a boost in economic output and the increased productivity of the workforce. Very importantly it can provide much needed skills within rural communities to support the health, wellbeing and care for rural people including aging populations.

Outreach programs and on-line courses can be offered where connectivity is available.

IMAGINE DOCUMENT

CEO VISION PROJECT

ACCESS HEALTH EQUITY

LOCAL HEALTH HUBS

IMAGINATION STATEMENT

Imagine our rural populations with comparable access to health and community services as our metropolitan communities. Imagine that service delivery focus is on services to the people rather than people to the services where possible. To support access and health equity in rural areas it could be possible to establish local health and community hubs by leveraging existing small-town infrastructure and incorporating the advances in connectivity development and the opportunities of telehealth. The place-based design would reflect local needs, community dynamics and opportunities. Access could be supported by communities from co-location/ service integration with neighbourhood houses, existing sporting or recreational facilities, or a CFA or ambulance station.

The CEO Vision Project consultations reflected the local health hubs as a significant enabler in most of the identified areas of discussion including:

- Access – Digital Divide
- Access – Transport
- Prevention
- Gender Equity
- Health Equity
- Workforce of the Future
- Climate

INVESTMENT

Electronic infrastructure and support for quality connectivity would be investments required to support a network of local health hubs across the Region. Project establishment would require place-based assessments of existing infrastructure leveraging opportunities. Communities could apply for health and community access hub set-up infrastructure addressing community support requirements within the application. This would enable support for multiple service access and flexibility.

Place-based models could be developed and would be scalable to adjust to discreet community circumstances.

BUSINESS CASE

Currently the Victorian DHHS are focusing across the State on Integrated health and wellbeing hubs within their action priorities to promote health and anticipate demand. To support health equity in rural areas the Local Health Hubs concept builds on the Rural Transaction Centre model, which was successful in the early 2000s. Connectivity availability and quality is a significant barrier to service access and even where connectivity mapping indicates access is available, internet speeds and intermittent service inhibits this from individual homes. This affects the health outcomes, the educational outcomes, economic burden and the social connection for members of rural communities.

Rural community access to telehealth is needed to reduce the health inequities in health service access for rural health status. Infrastructure investment is indicated that enables both group activity in larger spaces (eg: exercise classes, health education sessions) and more private telehealth access to consult a geographically distant health professional, such as a psychiatrist, an endocrinologist or an oncologist. This investment could be made into existing community facilities where they exist, and be developed in smaller, more isolated communities.

The health and community service access hub as an enabler underpins the discussion in most other initiatives proposed in this consultation project. Prevention programs such as Strength Training or Exercise programs could be delivered via a large screen in a suitable local hall environment.

Medical appointments with specialists based in regional centres or Melbourne could be accessed in a smaller secure private environment. People wanting to privately access health, education, employment, communication and government information via the web could make an appointment with local support from a community volunteer/ coordinator. Those people experiencing family violence wishing to safely access information about options might do so locally.

Advantages include the building of local identity and community resilience through social connection, and community, reduced travel to access essential services, IT connectivity and appointment access to Government services.

IMAGINE DOCUMENT

CEO VISION PROJECT

ACCESS TRANSPORT

LODDON MALLEE ENHANCED HEALTH AND WELLBEING TRANSPORT OPTIONS

IMAGINATION STATEMENT

Imagine a region in Victoria which leads the way in providing enhanced transport options for residents and visitors that lead to improved health and wellbeing outcomes. This proposal would leverage existing transport and social infrastructure to improve utilization rates for public and community transport through behaviour change, advocacy and empowerment, and to address transport gaps through the introduction of peer to peer transport options.

INVESTMENT

To achieve this outcome, we require a five year cumulative investment totalling $5 million to establish a low cost, multifaceted and sustainable operating model at 50 locations across the Loddon Mallee Region.

SCALABILITY

This proposal has the potential to be re-scaled in line with funding availability and/or timing.

BUSINESS CASE READINESS

This proposal is 'business case ready' and is aligned with the Healthy Heart of Victoria Project recently funded by the Victorian Government and the public and community transport projects being undertaken currently in the Loddon Mallee Region.

RURAL & REGIONAL RESEARCH

HEATHCOTE DEMENTIA VILLAGE COLLABORATIVE RESEARCH & LEARNING CENTRE

IMAGINATION STATEMENT

Imagine a place-based centre of research and learning located in Heathcote, Victoria, where universities, research institutes and educational organisations partner together collaboratively to drive translational research and deliver innovative learning practices that enhance outcomes for people with dementia, their family and friends, and the staff and volunteers who provide their care.

INVESTMENT

To achieve this outcome, we require a one-off capital investment of between $15 and $20 million in built infrastructure, comprising research laboratories and equipment, teaching facilities, ICT systems, and staff and student accommodation, together with a five year cumulative investment totalling $3 million to establish a self-funding and sustainable operating model.

SCALABILITY

This proposal has the potential to be re-scaled in line with funding availability and/or timing.

BUSINESS CASE READINESS

This proposal is 'business case ready' and is aligned with the Heathcote Dementia Village Feasibility Study funded by the Victorian Department of Health and Human Services which is currently being undertaken by Bridge Advisory Group on behalf of Heathcote Health.

IMAGINE DOCUMENT

CEO VISION PROJECT

SOCIAL INCLUSION

ALL ABILITIES TOURISM ACCESS DEVELOPMENT

IMAGINATION STATEMENT

Imagine our Region known for the opportunities for tourism with a focus on all abilities access. There would be accessible festivals and events, places to visit such as galleries and theatres, parks and green spaces, all terrain wheelchair access in state parks, canoeing and other water activities, restaurants, bars and wineries. Most importantly there would be accommodation options for people of all abilities available to allow overnight and longer stays for people with a disability and their families.

INVESTMENT

Financial investment to support mapping of accessible travel and facilities to welcome people of all abilities. This includes access for those affected by aging, by intellectual disability, those with sensory loss, and mobility issues. The mapping process will highlight the gaps in access including those of complementary access eg: accommodation, restaurants and activities. Business growth of accessible tourism will be enhanced by the flexibility of the National Disability Insurance Scheme (NDIS) and the number of older people looking to enjoy their retirement with partners and friends.

Leverage “Accessibility Tourism – It’s your business” Resource Kit to support local businesses across the rural communities increase all abilities access to tourist opportunities particularly in the accommodation and hospitality industries.

BUSINESS CASE

Accessible tourism enables all people to participate in and enjoy tourism experiences. Thus, accessible tourism is the ongoing endeavour to ensure tourist destinations, products and services are accessible to all people, regardless of their physical limitations, disabilities or age.

- Almost one in five Australians has a disability, that’s four million people.
- People with a disability spend $8 billion a year on Australian tourism accounting for 11 per cent of total tourism expenditure.
- 88 per cent of people with a disability take a holiday each year. This accounts for some 8.2 million overnight trips.
- Making small changes to improve access to a business can benefit other groups including parents with prams, people with temporary injuries and visitors with heavy bags.
- Australians aged between 55–79 years make up nearly one-third of travellers taking overnight trips in Victoria each year.
- The prevalence of disability increases with age. 36 per cent of 60 to 64 year olds have a disability

IMAGINE DOCUMENT

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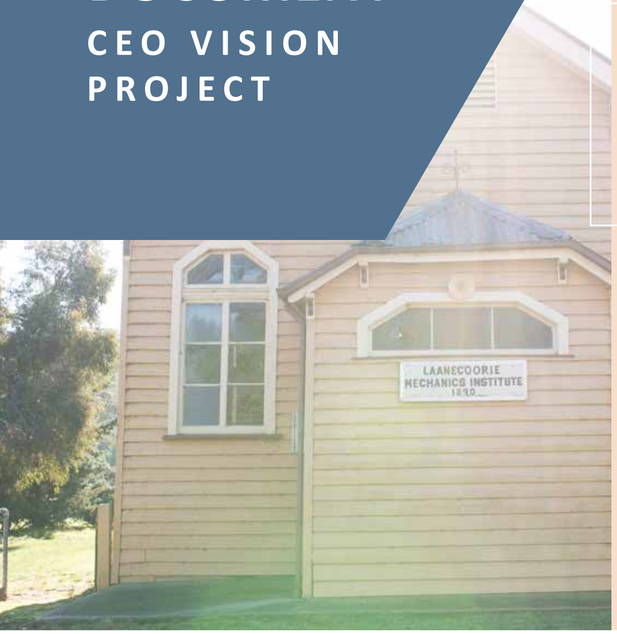


PREVENTION

SPORTING INFRASTRUCTURE INCLUSIVITY

IMAGINATION STATEMENT

Imagine public spaces and recreation facilities designed and managed to promote inclusion and access by those most likely in our rural communities to benefit from publicly supported activities. Accessible public spaces acknowledging local indigenous and other cultures, incorporating all abilities facilities, designed with a focus on safety and appropriateness across the genders and age groups might be developed, co designed with rural communities. Imagine public spaces integrated with active and public transport opportunities.

INVESTMENT

Primary prevention refers to the actions people take that help them avoid developing certain health problems. Our built environment plays a crucial role to enable primary prevention.

Mildura City Council is seeking financial support for the Mildura South Sporting precinct to respond to a shortage of indoor sporting facilities and outdoor passive leisure space in the district. Investment to support this Project might be provided with a focus on intersectional inclusivity. Healthy workplace design might include ensuring access to all, considering gender, disability, sexual orientation, cultural and racial identities, and access to income.

While promoting physical activity participation across the communities the economic advantages of infrastructure construction and events hosting opportunities can be considered.

BUSINESS CASE

Mildura City Council have developed a $36M business case to support the funding of this Project. Mildura City has been identified as the fifth most disadvantaged local government areas in Victoria according to the 2018 release of data indicating the Index of Relative Socioeconomic Disadvantage (IRSED).

By reducing physical inactivity by as little as 5% in the Australian population there would be significant savings to expenses in the health sector, increases in overall productivity and reduced mortality (Medibank 2008, Stephenson et al. 2000, Cadihilac et al. 2009).

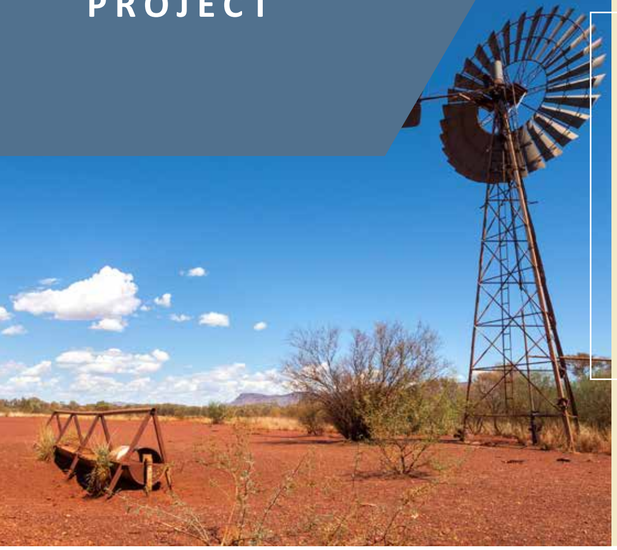
"Consistent with international evidence, the findings of Australian research show that socioeconomically disadvantaged groups experience significantly higher mortality and morbidity rates. Despite marked improvements in the health of all segments of the Australian population in recent decades, during this same period there has also been an increase in socioeconomically related mortality inequalities for some conditions. Socioeconomically disadvantaged groups are more likely to engage in health-damaging behaviours, experience poorer psychosocial health, make less use of the healthcare system for preventive purposes, and have a more adverse risk factor profile. These are the main contributing factors to the poorer physiological health of low socioeconomic groups….."

Socioeconomic status and health in Australia. Turrell G1, Mathers CD.

According to the Mildura local government the Mildura South Sporting precinct is expected to create up to 229 jobs (with 10 jobs operational), and generate more than $76 million in economic benefits for the region through increased employment and flow-on benefits to other sectors.

IMAGINE DOCUMENT

CEO VISION PROJECT



CLIMATE, ECONOMIC ADVERSE EVENTS & COMMUNITY RESILIENCE

COOL COMMUNITY PLACES

IMAGINATION STATEMENT

Imagine how people in city communities deal with extreme heat temperatures. Often the strategies include going to the beach, to swimming pools or going to the cinema or the shopping mall.

Rural communities, particularly inland areas, often have higher temperatures and less community facilities to draw on to beat the heat. Health services can be one the airconditioned public building that people may present to to manage their vulnerability to heat, however alternative cooled public spaces could reduce this demand and support the health of the community.

Imagine identified local community centres appropriate for the installation of cooling facilities and back-up power generation for rural communities to access if cooling strategies or power supply at home indicates heat vulnerability. Social connection is enhanced, a major contributor to deaths from extreme heat, and other strategies such as wet cloths, adequate hydration and appropriate clothing can be encouraged.

INVESTMENT

A program of appropriate building identification and installation of air-conditioning and power generation equipment can be the underpinnings of a “cool space” for the health and wellbeing of a rural community to manage heat events. This could then be leveraged by health and community services as well as emergency management services in their work to support communities through the heat. Facilities for identification could include access to water, parking, existing shade, proximity to pools to cool people, connectivity and communications systems. Other equipment such as furniture, health supplies, entertainment equipment can be sourced from community or other government services.

BUSINESS CASE

From the DHHS Heat Health website

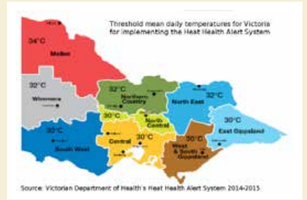
- Our climate is changing as a result of natural and human factors.
- Climate change affects the environment, development, and human health and wellbeing.
- The Victorian Government acknowledges that it has a role to help people adapt to climate change.
- Local governments must consider climate change in their municipal public health and wellbeing plans.
- Heatwave is a Class 2 emergency under the Emergency Management Act 2013

The Victorian Government Heat Health Plan documents that extreme heat can exacerbate existing medical conditions and cause heat-related illness, which may be fatal. With an estimated 374 excess deaths in 2009 and 167 in 2014, these events reinforce that heat is the single biggest environmental cause of death during emergencies in Victoria.

There is no single agency that has complete responsibility for building, maintaining and protecting the health of at-risk populations during extreme heat. As such, it is important that individuals, government and the broader community work together to reduce the health impacts associated with extreme heat and provide support to those most vulnerable in the community.

Everyone is vulnerable to extreme heat; however, there are some people who are more at risk. These include people 65 years old and over, people who have a pre-existing medical condition, people taking medication that may affect their ability to cope in the heat and people living alone or who are socially isolated. One suggestion presented in the Heat health plan is for people to spend as much time as possible in cool or air-conditioned buildings. Within a number of public housing complexes, the department has identified and prepared community rooms that tenants can access as cool places during extreme heat.

The extreme heat can impact on Ambulance Victoria’s capacity to maintain normal operational performance.



IMAGINE DOCUMENT

CEO VISION PROJECT

GENDER EQUITY

CHILDCARE DESIGN INCUBATORS

IMAGINATION STATEMENT

Imagine the increased productivity and social benefit of greater participation of women in education and the workforce as a result of greater access to childcare in rural areas across our Region.

Each community could have an accessible facility with a place based design to meet local needs, complying with the regulatory framework required. The creation and development of the childcare opportunities would be facilitated by a design team with critical knowledge in community engagement and brokering, design and regulation of childcare facilities.

INVESTMENT

The Childcare Incubator team could consist of two-three people working in small communities across the Region to consult with and engage rural communities and local authorities, ascertain funding opportunities, as well as conduct an analysis of current and future needs. The skilled team would have an understanding of the economic benefits to small communities in facilities to attract families with skills to their areas as well as support educational, and employment opportunities for women and men in the community.

Parents need child care in order to obtain, retain a job and extend working hour availability. Children need a safe place to be that promotes their healthy development while their parents are working. Private benefits (benefits to the mother and her family) include or arise from: the mother's receipt of wages, on-the-job training, opportunities for career progression, superannuation and other work-related benefits; and increased satisfaction for the mother in engaging with others in the community beyond the family. Decisions around child care by rural families need to be considered in relation not only to the availability of different sorts of service but also to the employment aspirations and choices of men and women and the assumptions of the primacy of women's mothering role.

BUSINESS CASE

The child care industry is an important economic driver within communities. Benefits include increased income for families and communities, leads to a reduction in employee absenteeism and turnover (which increases productivity), and invests in the future of our workforce (by increasing the likelihood children will start school ready to learn). Childcare provision has a disproportionate advantage in providing opportunities for women's employment and education supporting both individual women who want to work, and their communities who need their skills.

Community-wide benefits from increased maternal workforce participation, may include a boost in measured economic output, increased productivity of the workforce by ensuring the continued workforce attachment of educated and skilled working parents, reduced risk of long-term unemployment and reliance on the welfare system, increased return on public expenditure on higher education of women (including the repayment of HECS-HELP loans), increased tax revenues and reduced government expenditures and improved level of social engagement.

Price Waterhouse Coopers estimated that the employment of an extra 0.3 per cent of the female partnered working age population would increase gross domestic product (GDP) in net present value terms by $3.7 billion.

Productivity Commission 2014, Childcare and Early Childhood Learning, Inquiry Report No. 73, Canberra pp 184-185

BACKGROUND

CEO VISION PROJECT

Rural Victorians enjoy better health and wellbeing outcomes that are at least comparable to that of their metropolitan counterparts.

CEO VISION PROJECT GOAL - HEALTH EQUITY

Rural Victorians enjoy better health and wellbeing outcomes that are at least comparable to that of their metropolitan counterparts.

PROJECT OBJECTIVES

- Loddon Mallee Region health and community services organisations explore rural and regional issues, solutions and priorities with a health sector focus.
- Broad agreement is reached on regional priorities for investment and development
- Priorities are communicated to Regional Partnerships, RDA, DHHS and other relevant stakeholders.

PROJECT AIMS & SCOPE

Regional Development Australia (RDA) Loddon Mallee Region commissioned this Project on the understanding that health and human services organisations can work together to deliver economic, social and health benefits to the Loddon Mallee by:

- Coming together to form strategic partnerships and strengthening leadership
- Distilling regional priorities
- Developing a single voice
- Advocating for policy change and investment
- Ensuring there is a project pipeline

The CEO Vision project was designed to progress these aims and to support action within the RDA Loddon Mallee Strategic Plan – Strategic Direction 3 "Enhance the wellbeing and economic participation of our people".

To enable the collaborative voice of the Loddon Mallee Region health and community sectors CEOs the CEO Vision project invited participation from across the Loddon Mallee Region. Consultation forums facilitated the CEOs to share their views and knowledge about rural and regional issues, to propose solutions and priorities, and to identify collaborative opportunities with a health sector focus.

The project outcome is the creation of a health sector agreed list of investment recommendations to Regional Development Australia (RDA) – Loddon Mallee Region to support the achievement of the RDA Strategic Direction 3. The Project has drawn on the experience, knowledge and insight of the health and community services' CEOs across the Region to document their perspectives and understanding of the needs and initiatives that can make a difference in rural communities. The evidence base for interventions and the strategic capacity of each organisation and local partnerships is well understood. Organisational service plans reflect the catchment needs analysis and other data in the rural context.

CONTEXT

CEO VISION PROJECT

...but those things that are best resolved through a regional and cooperative approach.

Regional Development Australia (RDA) Loddon Mallee Region have developed a Strategic Plan to:

- Grow and strengthen our Region
- Identify current and future needs, making the most of our opportunities - reducing our challenges and areas of disadvantage
- Support collaborative work and investment across jurisdictions
- Provide a single voice to investors about the actions required to positively transform our Region, providing confidence that support exists

This Strategic Plan is not intended to focus on local outcomes, but those things that are best resolved through a regional and cooperative approach.

THE HIGHEST PRIORITIES ARE

- Agriculture and food production
- Equitable access to service in small towns and communities
- Preventative and community health outcomes
- Mobile and broadband connectivity
- Transport connectivity

STRATEGIC DIRECTIONS

1. FOSTER OUR COMPARATIVE ADVANTAGES IN AGRICULTURE, FOOD PROCESSING AND OTHER REGIONALLY SIGNIFICANT INDUSTRIES
2. BUILD THE CONNECTING INFRASTRUCTURE FOR OUR DIVERSE ECONOMY
3. ENHANCE THE WELLBEING AND ECONOMIC PARTICIPATION OF OUR PEOPLE
4. PROTECT THE LIVEABILITY AND APPEAL OF OUR REGION

STRATEGIC DIRECTION 3 OF THE PLAN

ENHANCE WELLBEING AND ECONOMIC PARTICIPATION OF OUR PEOPLE

- Further develop and integrate the regional health care system
- Improve community health and wellbeing through strategies that promote good health
- Improve educational aspirations, attainment, accessibility and quality
- Improve level of and appreciation for cultural diversity
- Support initiatives that encourage full employment
- Address the social and economic causes of disadvantage
- Resolve cross-border issues and promote leadership and collaboration across our Region

HEALTH SECTOR WORKING GROUP

CEO VISION PROJECT

In 2014, RDA held their Strategic Plan Consultation and health was specifically included on the agenda for the first time. In 2015, the RDA Chairperson and the Manager of RDA in Loddon Mallee Region addressed the Loddon Mallee Region Health Services Partnership (LMR HSP) and invited the health service CEOs to contribute to recommendations for implementation of Strategic Direction 3 “Enhance the wellbeing and economic participation of our people”. I response the Loddon Mallee Region Health Sector Working Group (LMR HSWG) was formed.

During 2016 and 2017 Regional Partnerships Assemblies were hosted by Regional Development Victoria (RDV) across the Region to capture the voice of the broader community in regional priorities for economic investment. Health initiatives were included as an area of focus.

The LMR HSWG began the process of exploring regional priorities through a health and community services sector lens in early 2016 and identified that several initial steps would assist in defining initial areas of interest for development. A funding submission from the LMR HSWG to Regional Development Australia (RDA) to support this process was successful, with the CEO Vision Project commencing in January 2018. The Loddon Mallee Primary Care Partnerships supported the Project with Bendigo Loddon Primary Care Partnerships being the lead organisation. The authorising environment for this work has been the LMR Health Services Partnership convened by DHHS North Division and whose members are predominantly the CEOs of the LMR Health Services. Dan Douglass, CEO of Heathcote Health, chairs the Working group.

“Enhance the wellbeing and economic participation of our people”

EXECUTIVE REFERENCE GROUP

The Executive Reference Group was envisaged to have been convened to oversee the Project. The nominated membership was comprised of the RDA Chairperson, the DHHS North Division Director, the CEO of Murray Primary Health Network, the LMR HSWG Chairperson and the Bendigo Loddon PCP Executive Officer. This was not able to occur in person but accountability was maintained by email contact.

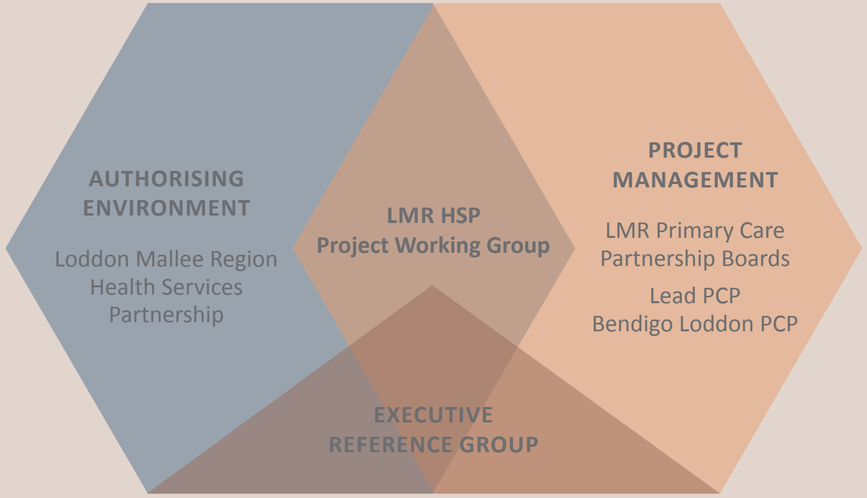
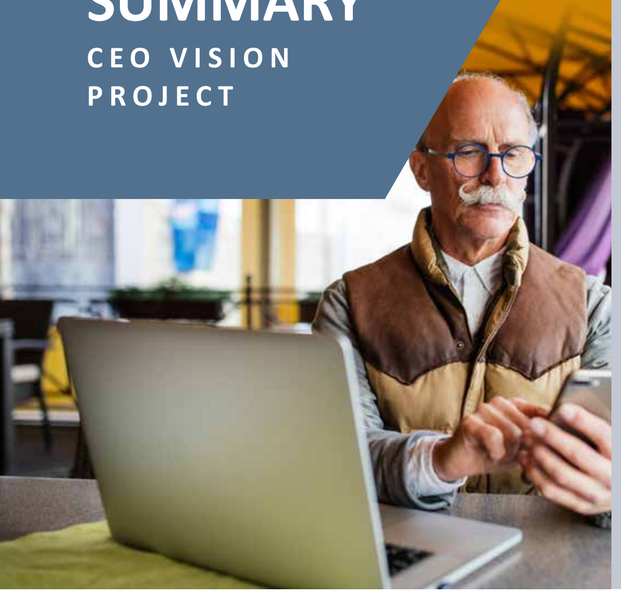


Figure 1: Authorising Environment and Governance

CONSULTATION OUTCOMES SUMMARY

CEO VISION PROJECT



INTRODUCTION

GOALS

- A diverse, participating, aspiring resilient community is health
- Significant, powerful, inclusive, enabling
- Community resilience

COMMUNITY VOICE

- Receiving medical care in your own community is better for health
- Reduce financial strain of accessing services outside the community
- Cost of digital access
- People are reluctant to engage on digital - need support
- Smartphone access limited, internet access limited i.e. 1/3 of population
- Digital use promotes sedentary lifestyle, impact on kids
- Nurses saying “I’d prefer to pop them (a patient) in an ambulance”
- Patients not accessing services
- There’s an over reliance on the internet / power e.g. in disaster
- Need connectivity between communities beyond this
- Cyber safety is an issue
- Schools give work to students, but can’t access on-line resources
- Computer / digital literacy reqired

PRIORITIES

- Consistent access to broadband/mobile phone services for community access and service provider access
- Leverage connectivity for Telehealth, specialist service access, clinical supervision
- Connectivity priority including telehealth

HEALTH EQUITY SUMMARY

BARRIERS TO BETTER HEALTH OUTCOMES

- Rural health system access and services inequities
- Rural health system funding models don’t accommodate/ redress inequities
- Geography reinforces health impact on other disadvantaged groups (intersectionality)

SOCIAL INFRASTRUCTURE PRIORITIES

- Partnership Brokering Training
- Transport Volunteer coordination
- Health literacy and access to health knowledge
- Funding models review to reflect rural context
- Education opportunities to support workforce and individual growth
- Community facilities to attract/retain community
- Early Years investment
- Reduce access cost barriers
- Leverage digital systems to:
  - Increase local/small town access to services
  - support education opportunities and outcomes

BUILT INFRASTRUCTURE PRIORITIES

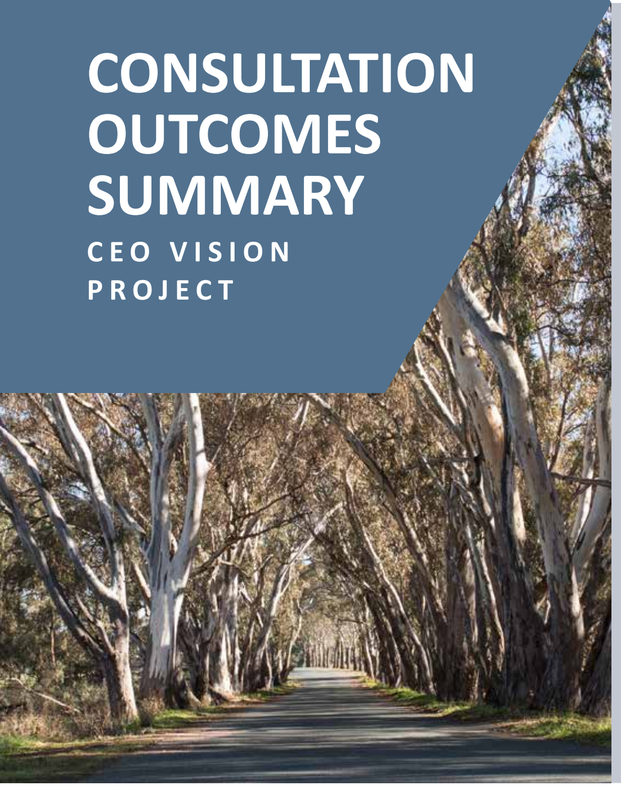
- Digital access to enable service at local level across rural areas
- Telehealth capabilities – reliable, quality service
- Drug rehabilitation services
- Physical activity infrastructure
- Health community access hub to support multiple service access and flexibility

QUESTIONS DESIGN

- **How does (the area considered) impact on health and wellbeing outcomes for communities across the Region?**
- **What ideas do you have for social infrastructure to benefit health and wellbeing outcomes for rural communities across the Region?**
- **What ideas do you have for built infrastructure to benefit health and wellbeing outcomes for rural communities across the Region?**

CONSULTATION OUTCOMES SUMMARY

CEO VISION PROJECT



ACCESS - DIGITAL DIVIDE

BARRIERS TO BETTER HEALTH OUTCOMES

- Availability
- Costs
- Digital Literacy

SOCIAL INFRASTRUCTURE PRIORITIES

- Capacity building to use digital systems – community and organisation staff
- Reduce access cost barriers
- Leverage digital systems to:
- Increase local/small town access to services
- Support education opportunities and outcomes

BUILT INFRASTRUCTURE PRIORITIES

- Digital access to enable service at local level across rural areas
- Telehealth capabilities – reliable, quality service

WORKFORCE OF THE FUTURE

BARRIERS TO BETTER HEALTH OUTCOMES

- Reduced education and experience opportunities for rural communities has workforce impact
- Availability of health professionals
- Financial, practical and lifestyle barriers to attraction of workforce

SOCIAL INFRASTRUCTURE PRIORITIES

- Innovative workforce models design with flexible funding to support innovation
- Quality community facilities to attract/retain workforce
- Improved educational opportunities for local people

BUILT INFRASTRUCTURE PRIORITIES

- Connectivity/Digital access
- Telehealth
- Education/community hub/neighborhood house with connectivity
- Staff safety infrastructure

ACCESS - LOCAL HEALTH HUBS

BARRIERS TO BETTER HEALTH OUTCOMES

- Access to information and services due to barriers
- Funding models work against collaborative enterprises

SOCIAL INFRASTRUCTURE PRIORITIES

- Technology and personal contact in health hub
- Opportunities for range of services to reduce health inequality: education, information, transport, telehealth, community and social connection, prevention activities, government services, internet
- Opportunities for range of venues/sites for facilities – place-based response
- Opportunities for range of co-location/service integration models
- Reduce financial barriers for access and participation
- Services to the people rather than people to the services

BUILT INFRASTRUCTURE PRIORITIES

- Leverage existing infrastructure
- Upgrade/accessibility to support technology
- Co-location options to enable diversity
- Public spaces accessible and culturally appropriate

CONSULTATION OUTCOMES SUMMARY

CEO VISION PROJECT

ACCESS - TRANSPORT

BARRIERS TO BETTER HEALTH OUTCOMES

- Availability
- Cost
- System Design

SOCIAL INFRASTRUCTURE PRIORITIES

- Volunteer Transport coordination
- Outreach services funded appropriately for travel costs
- Transport strategic planning

BUILT INFRASTRUCTURE PRIORITIES

- Public / Shared Transport
- Active transport
- Enabling service delivery to the person rather than person travel to the service

REGIONAL & RURAL RESEARCH

BARRIERS TO BETTER HEALTH OUTCOMES

- Data availability for rural context at local levels
- Lack of research capacity in organisations – knowledge and funded time
- Need for better links, communication and input to/ with university research
- Lacking translation of knowledge to practice

SOCIAL INFRASTRUCTURE PRIORITIES

- Social model of health evidence
- Rural community health outcomes
- Delivery models for rural context
- Workforce capacity building
- Collaborative partnerships – universities and services

BUILT INFRASTRUCTURE PRIORITIES

- Co-located infrastructure enables collaboration (e.g. Swan Hill / Monash)
- Digital access

SOCIAL INCLUSION

BARRIERS TO BETTER HEALTH OUTCOMES

- Entrenched dominant community attitudes
- Transport
- Intersectionality of social isolation – gender, LGBTIQ, disability, aging

SOCIAL INFRASTRUCTURE PRIORITIES

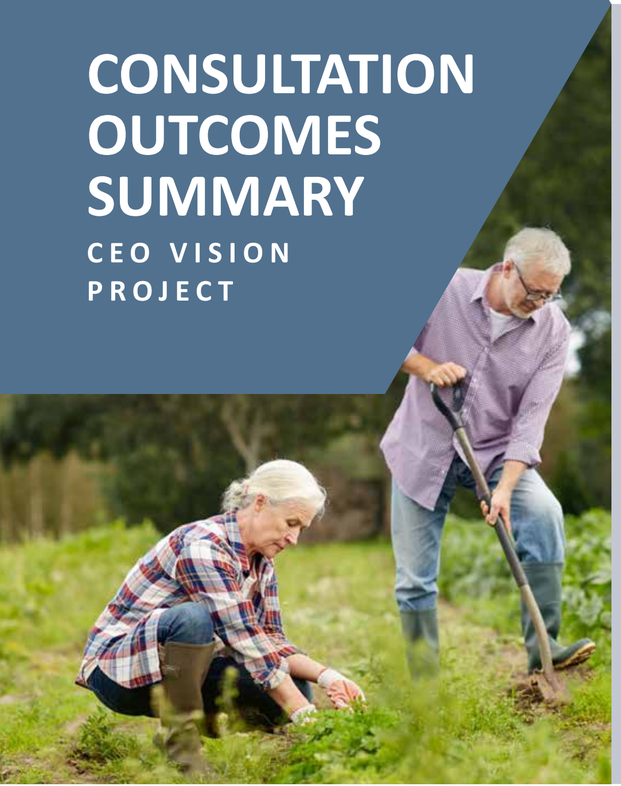
- Reduce financial barriers for active participation
- Indigenous community visibility and valuing
- Cultural competence/safety priority
- Digital literacy
- Diversity visibility and valuing

BUILT INFRASTRUCTURE PRIORITIES

- Digital access
- Livability plan for the Mallee ($100,000)
- Community hubs leveraging existing infrastructure
- Infrastructure investment to leverage existing infrastructure for disabled access
- Public and welcoming facilities and green spaces designed to support connection

CONSULTATION OUTCOMES SUMMARY

CEO VISION PROJECT



PREVENTION PRIORITIES

BARRIERS TO BETTER HEALTH OUTCOMES

- System Design – acute focus
- Leadership – community and service

SOCIAL INFRASTRUCTURE PRIORITIES

- Reduce financial barriers for active participation
- Healthy workplaces
- Housing
- Population health initiatives

BUILT INFRASTRUCTURE PRIORITIES

- Population health initiatives support
- Mildura South sporting precinct $36M
- Mildura Housing Strategy planning support
- Public spaces accessible and culturally appropriate

CLIMATE, ECONOMIC ADVERSE EVENTS AND COMMUNITY RESILIENCE

BARRIERS TO BETTER HEALTH OUTCOMES

- Individual physical and mental health impacts of events
- Ability for services to respond to needs during events
- Increased family violence

SOCIAL INFRASTRUCTURE PRIORITIES

- Planning for response plans post warnings
- Service access
- Neighborhood/district level response planning
- Create spaces to support communities in response to planning

BUILT INFRASTRUCTURE PRIORITIES

- “Cool spaces” – pools, air-conditioned communal spaces
- Transport options to access

GENDER EQUITY

BARRIERS TO BETTER HEALTH OUTCOMES

- Gender inequity a driver of Violence Against Women
- Reduction in women’s participation and contribution in all aspects of community
- Childcare opportunities and costs
- Pay equity

SOCIAL INFRASTRUCTURE PRIORITIES

- Reduce financial barriers for women’s participation in education
- Access to health and support services
- Population health initiatives

BUILT INFRASTRUCTURE PRIORITIES

- Community hubs with gender lens
- Sporting facilities upgrade for gender equity
- Childcare facilities
- Housing

DISCUSSION PAPERS

HEALTH AND WELLBEING

REGIONAL DEVELOPMENT AUSTRALIA - LODDON MALLEE VISION STATEMENT

To enhance the liveability, productivity and sustainability of the Loddon Mallee region. It will do this by working with the community and all levels of government in a pro-active and collaborative way.

HEALTH & WELLBEING OVERVIEW

REGIONAL DEVELOPMENT AUSTRALIA HEALTH AND WELLBEING STRATEGY

LODDON MALLEE RDA STRATEGIC DIRECTION 3

Enhance the wellbeing and economic participation of our people.
In particular:

3-1 Further develop and integrate the regional health care system

3-2 Improve community health and wellbeing through strategies that promote good health

3-6 Address the social and economic causes of disadvantage

REGIONAL RURAL CONTEXT DISCUSSION

The current DHHS Rural Plan Vision states that the aim is that "Rural Victorians enjoy better health and wellbeing outcomes that are at least comparable to that of their metropolitan counterparts".

Health and wellbeing data consistently shows that the Rural Health status is significantly less than the health of metropolitan communities and that our rural and regional populations have poorer outcomes than our metropolitan counterparts. There are many opportunities to improve amenity, community facilities, program delivery and organisational sustainability founded on a conceptual shift from blame of community members for poor health status to focus on inequalities. The link between health status and socio-economic status is well established.

Through the CEO Vision Project consultation, we will explore rural and regional issues, solutions and priorities and reach broad agreement on regional priorities for investment and development with a view to develop proposals through feasibility and business case planning. Our focus will be the health impact of the intersectionality between health, education, employment, the health economic drivers for communities and equity of access. **Built and social infrastructure investment in communities has a multiplier effect on the local rural economy and results in return on the investment.**

The Productivity Commission Report "Shifting the Dial" (August 2017) speaks to the "centrality of health to people's lives" (p43) as it "affects their sense of wellbeing, functioning, engagement with their families and society and labour market prospects." In addition, the report identifies that **"The people striving to assist in our health system create significant unrecognized wealth."**

Wellbeing is an investment in developing human capability. By providing infrastructure for people to remain in small towns it allows individuals and families to contribute to regional development in industry, agriculture, lifelong-learning and economic participation. As a major rural employer and wealth generator the health sector offers significant additional value to infrastructure spend.

Health and community services have noted over time that investment in the sector will achieve:

- Improved small town livability by providing employment, including for professional workers and young people which will work towards addressing social and economic disadvantage.
- Demonstrated respect for clients and their professional care through the provision of quality buildings and amenity which will contribute to the building of pride and confidence in rural living.
- Improved access to services by rural people, the best service with the best clinicians within the local community which will directly contribute to improved health outcomes.
- Greater impact of the prevention and early intervention initiatives through joined up focus on health determinants and healthy environments with local government, health and community organisations which will contribute to the reduction of pervasive chronic conditions and build protective factors.

5 ACTION PRIORITIES

- **Building a proactive system that promotes health and anticipates demand (Integrated health and wellbeing hubs)**
- **Creating a safety and quality led system**
- **Integrating care across the health and social service system**
- **Strengthening regional and rural health services**
- **Investing in the Future – the next generation of healthcare**

EVIDENCE/ STATISTICS/GUIDING DOCUMENTS/POLICIES

- Statewide design, service and infrastructure plan for Victoria's health system 2017-2037 Department of Health and Human Services: (Incorporating DHHS Rural Plan)
- Health 2040: advancing health, access and care presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system. Health 2040 is built around three pillars:
- Better health: focuses on prevention, early intervention, community engagement and people's self-management to maximise the health and wellbeing of all Victorians.
- Better access: focuses on reducing waiting times and delivering equal access to care via statewide service planning, targeted investment, and unlocking innovation.
- Better care: focuses on people's experience of care, improving quality and safety, ensuring accountability for achieving the best health outcomes, and supporting the workforce to deliver the best care.
- Regional Development Australia Loddon Mallee Regional Strategic Plan 2015-2018
- "Perils of place: identifying hotspots of health inequality" Stephen Duckett 2016
- Productivity Commission 2017, Shifting the Dial: 5 Year Productivity Review, Report No 84, Canberra
- Victoria's 10 Year Mental Health Plan

DISCUSSION PAPERS

HEALTH AND WELLBEING

HEALTH & WELLBEING EQUITY

REGIONAL RURAL CONTEXT

Population groups living in rural and remote zones have unique health concerns that relate directly to their living conditions, social isolation and distance from health services. People living in regional, rural or remote locations are subject to a number of pressures and causes of stress and illness not experienced by their metropolitan counterparts.

Overall, it is envisaged that the Australian population will grow by 14 million people over the next 40 years and that "ignoring the development of regional Australia is no longer an option this country can afford" There is a crucial role to play in ensuring that our productive regional, rural and remote areas thrive as communities and remain a resilient core at the heart of our nation[1].

Improving the health of people in rural areas with high rates of potentially preventable hospitalisations will, in the long-run, reduce health costs. Even more importantly, it will increase social cohesion and inclusion, workforce participation and productivity, by making many more people healthy and able to make the most of their lives[2].

Socioeconomic status is related to poorer health outcomes, the evidence is clear. As leaders we require a shift from blame of community members for poor health status to focus on inequalities in evidence around health outcomes and equity of access to resources to enable shift in health outcomes. It is clearly linked to disparities in access to PHC[3].

"ignoring the development of regional Australia is no longer an option this country can afford."

EVIDENCE/ STATISTICS/GUIDING DOCUMENTS/ POLICIES

- https://www.westernalliance.org.au/2016/06/the-great-health-divide-why-rural-australians-have-poorer-health-outcomes-than-their-urban-counterparts
- https://infrastructure.gov.au/department/statements/2017_2018/ministerial-statement/health.aspx
- Disability and health inequalities in Australia Research summary Vic Health, 2012
- … and Papers referenced in this summary

LEADERSHIP

The evidence is overwhelming in the disparity of outcomes for people in rural Australia. Therefore we as leaders need to advocate, agitate for and assert the moral rights of those that live outside the capital cities for access to appropriate care.

Multidisciplinary practice is one strategy that researchers identify as critical and has broad implications for workforce education and training. Adequate physical and IT infrastructure underpin health service capacity and workforce growth planning and ensuing infrastructure is critical.

It has been asserted that we need a single source of funding, based on population needs to maximise flexibility to respond to changing regional needs, such as those resulting from population movement? [4]

1. Equity in health and wellbeing – why does RRR Australia Matter? Dr Robyn Vines FAPS, Chair, APS Regional, Rural and Remote Advisory Group and Adjunct Senior Research Fellow, Faculty of Medicine, Nursing and Health Sciences, Monash University
2. https://theconversation.com/your-postcode-shouldnt-determine-your-health-or-whether-youre-admitted-to-hospital-62783
3. Katterl, R., Socioeconomic status and accessibility to health care services in Australia, PHCRIS Research Roundup Issue 22, Dec 2011
4. Wakerman, J., & Humphries, J., Primary health care in rural and remote Australia: achieving equity of access and outcomes through national reform - A discussion paper

DISCUSSION PAPERS

HEALTH AND WELLBEING

The digital intervention could save the healthcare system up to $3 billion a year in avoidable admissions to hospital, reduced length of stay and fewer demands on primary care.

ACCESS DIGITAL DIVIDE

REGIONAL RURAL CONTEXT

As more and more resources shift online and connectivity becomes the norm for most Australians, the disadvantage faced by those not online or those with limited access, increases. Those living in cities are more likely to have access than those in rural and remote Australia; 88% of households in our major cities have access[1]. This falls to 82% for those living inner regional and 79% for those in outer regional and remote, or very remote, areas. Two thirds of low income households have access, compared to 98% of highest income households[1]. With the supposition of access, teachers assume their students have unrestricted access to the internet and set homework accordingly; businesses assume their customers are internet users; and governments shift access to resources to digital provision of information and opportunities to interact[2], for example “My Aged Care”.

Alongside health service delivery and management, the health sector needs connectivity for doing business with Government and complying with Government requirements, continuing professional development, online education, mentoring, and clinical decision-making and other support. A CSIRO study in chronic disease management demonstrated significant economic benefit following a modest investment in home monitoring technology[3]. The digital intervention could save the healthcare system up to $3 billion a year in avoidable admissions to hospital, reduced length of stay and fewer demands on primary care.

A 2016 AMA Rural Health Issues Survey sought rural doctors’ input to identify key solutions to improving regional, rural and remote health, identifying access to high-speed broadband as a key priority[4]. This reflects not only the increasing reliance by medical practices on the internet for their day to day operations, but also the increasing opportunities for the provision of healthcare to rural and remote communities via eHealth and telemedicine.

EVIDENCE/ STATISTICS/GUIDING DOCUMENTS/ POLICIES

- Victorian Infrastructure Plan – Digital Connectivity. Department of Premier and Cabinet 2017
- Connecting Regional Communities Program – Economic Development Victoria 2017
- Australian Medical Association: Better Access to High Speed Broadband in Rural and Remote Health care https://ama.com.au/position-statement/better-access-high-speed-broadband-rural-and-remote-health-care-2016 (Jan 2017)
- Scott Ewing – The Conversation 2016 https://theconversation.com/australias-digital-divide-is-narrowing-but-getting-deeper-55232

LEADERSHIP

- Government and related stakeholders who wish to co-invest or coordinate planning to achieve the optimum overall infrastructure outcome for their area could involve public-private partnerships or the leveraging of philanthropic infrastructure funding.

1. ABS (2016) Household use of information technology, Australia 2014-2015. Release 8146.0, Canberra.
2. Ewing, S (2016) Australia’s Digital Divide is narrowing but getting deeper. The Conversation
3. CSIRO (2016) Home monitoring of chronic disease could save up to $3billion a year. Retrieved from: https://www.csiro.au/en/News/News-releases/2016/Home-monitoring-of-chronic-disease-could-save-up-to-3-billion-a-year
4. Australian Medical Association (2017) Better Access to High Speed Broadband in Rural and Remote Health care Retrieved from: https://ama.com.au/position-statement/better-access-high-speed-broadband-rural-and-remote-health-care-2016

DISCUSSION PAPERS

HEALTH AND WELLBEING

WORKFORCE OF THE FUTURE

REGIONAL RURAL CONTEXT

Healthcare is Australia's largest employing industry and is projected to grow by 18% in the next five years[1]. One third of the healthcare workforce is located in regional areas where it offers greater specialist opportunities and more clinical diversity. An aspect of rural and regional healthcare, recently highlighted by the Productivity Commission, is the comprehensive impact of health care funding as a driver for local economic development and the creator of significant wealth[2].

International research determined that a one dollar investment in rural health can generate more than a ten-fold economic return. The research, conducted on primary care clinics in the US, demonstrated a multiplier effect that extended beyond the employment of staff, and beyond the walls of the clinics. Purchasing of goods and services from local businesses and the improved health of the community resulted in increased employment and household spending within the health service catchment[3].

Work from the Centre for Research Excellence for Rural and Remote Primary Health Care (CRERRPHC) recommended a core set of primary health care services to be available to Australians living in rural and remote areas, and the necessary support functions to ensure these are sustainable[3] Looking beyond further investment in General Practice, the Grattan Institute's Stephen Duckett highlights the need for new models of care that can be delivered in a way that is "fit for (local) purpose" and can maximise the skills of the available healthcare workforce[5].

Policy interventions will be required to not only support high workforce growth, but also ensure that the sector has the skills, qualities and capabilities to deliver high quality, person-centered services. Organizations will need to be able to attract qualified, skilled staff in the locations where jobs are expanding, which will require careful regional workforce planning. Attention will need to be given to the entire employee lifecycle, with policies directed towards attraction, recruitment and retention, including professional development, career pathways and supporting staff wellbeing[6].

Policy interventions will be required to not only support high workforce growth, but also ensure that the sector has the skills, qualities and capabilities to deliver high quality, person-centered services.

EVIDENCE/ STATISTICS/GUIDING DOCUMENTS/ POLICIES

- Productivity Commission Report 'Shifting the Dial'
- Lesley Russell, The Conversation
- DHHS Rural and Regional Health System Design, Service and Infrastructure Plan Discussion Paper and Consultation Reports
- Health Care Home: A Model for Primary Health Care
- Supporting Australia's future community services workforce: VCOSS submission to the Senate Select Committee on the Future of Work and Workers February 2018

LEADERSHIP

- Increase investment in rural healthcare – primary healthcare centres across region offering core services and tailored for community need, also acknowledging the broader role of health services in the economy of rural and regional areas than just provision of health care
- System development and flexible service models including telehealth, expanded scope of practice for health professionals, and "Healthcare Home" models.
- Maintain equity focus especially regarding access to healthcare for rural communities.

1. RWAV (2016) Rural Health Careers. Retrieved from: https://www.rwav.com.au/future-workforce/rural-health-careers/
2. Productivity Commission (2017) Shifting the Dial, 5 year productivity review. Report No. 84, Canberra.
3. Russell, L (2017) Investing in rural health brings dollar returns to local economies (and improves health). The Conversation, retrieved from: https://theconversation.com/investing-in-rural-health-brings-dollar-returns-to-local-economies-and-improves-health-73454
4. CRERRPHC (2016) Key Messages: Overcoming access and equity problems relating to primary health care services in rural and remote Australia. Australian National University, Canberra.
5. Duckett, S (2016) Make the most of health workers' skills and save money. The Australian. 19 July 2016
6. Supporting Australia's future community services workforce: VCOSS submission to the Senate Select Committee on the Future of Work and Workers February 2018

DISCUSSION PAPERS

HEALTH AND WELLBEING

Rural residents are more likely to experience some of the contributing social factors that impact health, such as poverty.

ACCESS LOCAL HEALTH HUBS

REGIONAL RURAL CONTEXT

The World Health Organisation define the social determinants of health as:"the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."

Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services and to meet their basic needs, such as clean water and safe housing, which are essential to staying healthy. Rural residents are more likely to experience some of the contributing social factors that impact health, such as poverty. The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food. Some of the particular barriers and challenges that rural residents experience include:

- Income, employment, and poverty
- Educational attainment and literacy
- Race/ethnicity
- Sexual orientation/gender identity
- Health literacy
- Community infrastructure, to ensure public safety, allow access to media, and promote wellness
- Environmental health, including water quality, air quality, and pollution
- Access to safe and healthy homes, including issues related to energy costs and climate change
- Access to safe and affordable transportation
- Access to healthy and affordable food
- Access to healthcare services

THE CONCEPT

Currently the Victorian DHHS are focusing across the State on Integrated health and wellbeing hubs within their action priorities to promote health and anticipate demand. To enhance this approach and support health equity in rural areas the Local Health Hubs concept builds on the Rural Transaction Centre model, which was successful in small towns in the early 2000s, by incorporating the advances in connectivity development and the opportunities of telehealth and telemedicine through videoconferencing.

While connectivity availability and quality is a significant issue, prevention programs such as Strength Training or Exercise programs could be delivered via a large screen in a suitable local hall environment. Medical appointments with specialists based in regional centres or Melbourne could be accessed in a smaller secure private environment. People wanting to privately access health, education, employment, communication and government information via the web could make an appointment with local support from a community volunteer/ coordinator. Those people experiencing family violence wishing to safely access information about options might do so locally.

Advantages of this model might include the building of local identity and community resilience through social connection, and community, reduced travel to access essential services, IT connectivity and appointment access to Government services.

EVIDENCE STATISTICS

- https://www.ruralhealthinfo.org/topics/social-determinants-of-health
- Design, service and infrastructure plan for Victoria's rural and regional health system Discussion paper DHHS September 2016

LEADERSHIP/GUIDING DOCUMENTS/POLICIES

- http://newstead.vic.au/service/rural-transaction-centre-rtc
- Australian Government http://www.health.gov.au/internet/main/publishing.nsf/content/e-health-telehealth
- Australian Government https://infrastructure.gov.au/department/annual_report/2002_2003/P3-3-2-18.aspx
- Bendigo Health http://www.bendigohealth.org.au/telehealth/index.asp
- Mildura Base Hospital https://www.bettercare.vic.gov.au/newsandevents/videos/MBH-telehealth-video
- Royal Flying Doctor Service https://www.flyingdoctor.org.au/vic/our-services/diabetes-telehealth
- Department of Health and Human Services: Statewide design, service and infrastructure plan for Victoria's health system 2017-2037 (Incorporating DHHS Rural Plan)

DISCUSSION PAPERS

HEALTH AND WELLBEING

There is emerging research regarding the relationship between transport and disadvantage, and transport and social exclusion, in Australia.

ACCESS TRANSPORT

REGIONAL RURAL CONTEXT

Transport difficulties are consistently identified as a factor that restricts Australian families' capacity to access services and participate in activities. These difficulties include limited or no access to public transport, non-family friendly transport options, and not being able to afford - or experiencing stress as a result of - the cost of transport. The phenomenon of transport difficulties is commonly referred to as transport disadvantage (or "transport poverty"). For socially disadvantaged groups, transport difficulties tend to relate to the ability to access transport and the costs of travel. For low-income families living in outer-urban, remote and rural communities in Australia transport difficulties can be especially problematic. In Australia, issues surrounding transport tend to be integrated into broader studies about disadvantage rather than being the primary focus. There is emerging research regarding the relationship between transport and disadvantage, and transport and social exclusion, in Australia. In the field of policy, the links between public transport and social policy goals - such as health, employment, child welfare and education - in Australia have not been thoroughly explored. Rather, transport has traditionally been viewed from an economic rather than a social paradigm.

Rural and remote areas of Australia have low levels of public transport access with some areas also having relatively low levels of vehicle ownership. Transport options for Indigenous Australians in remote communities and communities located in fringe urban areas are limited. Young mothers and sole parents are particularly vulnerable to transport disadvantage. For these groups, transport difficulties can play a key role in social exclusion. Public transport can be difficult for people with a disability and frail older people. Factors such as accessibility, communication about changes or cancelled services and malfunctioning equipment (e.g., lifts to train platforms) can all contribute to transport disadvantage for people with a disability and frail older people. Public transport in rural and remote areas of Australia has been overlooked in the research and policy domains.

Recent research indicates the transport needs of people living in rural and regional areas can be met in sustainable and cost effective ways through the more efficient use of existing resources and the development and implementation of place-based systems that engage consumers, carers, service providers, funders and the community.

EVIDENCE STATISTICS

- The relationship between transport and disadvantage in Australia, Kate Rosier and Myfanwy McDonald, CAFCA Resource Sheet— August 2011
- Transport to access health services in rural and remote NSW: a community perspective, Ros Bragg, Liz Reedy, Council of Social Service of NSW, 2001

LEADERSHIP/GUIDING DOCUMENTS/POLICIES

- The Neighbourhood House Community Transport Project, RANCH, 2018
- Royal Flying Doctor Services Victoria – Statewide Community Transport Pilot Proposal, 2018
- VCOSS State Budget Submission 2016-17
- Statewide design, service and infrastructure plan for Victoria's health system 2017–2037
- Rural and regional health services design, service and infrastructure plan consultation papers, 2017

DISCUSSION PAPERS

HEALTH AND WELLBEING

Investing in health and medical research is not only productive of income and wealth, it also promotes the health and wellbeing of the population making such investments doubly beneficial and leading to higher-than-average rates of return.

RURAL & REGIONAL RESEARCH

REGIONAL RURAL CONTEXT

In mid-2009, an estimated 31 per cent of the Australian population (6 886 600 people) lived outside major cities – in regional centres, rural and remote areas. Australians living outside major cities have significantly poorer health and lower life expectancy than their urban counterparts. National Health Performance Authority data show life expectancy at birth in 2011 ranged between 82.0 and 83.6 years in metropolitan catchments, 81.4 to 81.6 years across catchments in regional hubs and 78.3 to 80.6 years in rural areas. Moreover, there were an estimated 115 avoidable deaths per 100,000 people per annum in metro areas, versus 171 per 100,000/year in regional hubs and 244 per 100,000/year in rural areas. These stark differences are 'driven by the distribution of health risk factors and how they interact with the nature of rural and remote places'. There are many factors that differentiate urban Australians and those living outside major cities, such as fewer years of education and lower incomes; higher rates of disability, smoking and risky alcohol consumption; poorer access to the internet and mobile phones; and relatively poor access to health professionals.

Health and medical research generates vital new knowledge. In health care, research enables us to deliver the best possible, cost-effective patient care, and this is particularly critical in regional and rural/remote communities. Clinical research provides patients with access to new treatments, interventions and medicines. Research has other benefits too: it enables better understanding and management of health conditions; provides opportunity for meaningful contact between patients and health professionals, and collaboration between clinical and academic researchers; can generate income for a practice or health service; and can provide an enhanced career path for health professionals seeking intellectual challenge and reward. The products of Australian health and medical research make a positive contribution to the Australian economy, not only contributing to Australian gross domestic product but also supporting high skill, high paid jobs as well as reinforcing Australia's reputation in this field by being exported all over the world. This finding complements past analysis suggesting there are exceptional returns from Australian health and medical research in the form of reduced mortality and morbidity in the population than would otherwise be the case. Investing in health and medical research is not only productive of income and wealth, it also promotes the health and wellbeing of the population making such investments doubly beneficial and leading to higher-than-average rates of return. It makes sound economic and social sense for Australian governments to commit to substantially expanding such investment, and to encourage other funders to do so as well.

Improving the health and wellbeing of regional and rural communities should be a principal focus for the Loddon Campaspe and Mallee regions of Victoria. The health and community services sectors can support research through funding initiatives, education and training in research, facilitating collaboration between clinical and academic research, and highlighting quality research relevant to regional and rural/remote health.

EVIDENCE STATISTICS

- The great health divide: Why rural Australians have poorer health outcomes than their urban counterparts, Campbell Aitken and Renée Otmar, Western Alliance,
- The Economic Value of Australia's Investment in Health and Medical Research: Reinforcing the Evidence for Exceptional Returns, Lateral Economics, 2017
- Medical Research and Rural Health Garvan Report 2015, A Report by the Garvan Research Foundation

LEADERSHIP/GUIDING DOCUMENTS/POLICIES

- SMArt Rural Health Research Partnership, established 2015
- Loddon Mallee Health Services Research and Workforce Development Entity Proposal, 2018
- Heathcote Dementia Village Feasibility Study, 2018
- Statewide design, service and infrastructure plan for Victoria's health system 2017–2037
- Rural and regional health services design, service and infrastructure plan consultation papers

DISCUSSION PAPERS

HEALTH AND WELLBEING

Enabling increased participation in community life will strengthen the local economy through increased employment, spending and social capital.

SOCIAL INCLUSION

REGIONAL RURAL CONTEXT

Social inclusion relates to the processes, structures, and environments that influence an individual's ability to participate in social, economic and educational opportunities. Taking a social inclusion approach to rural disadvantage offers a structure on which to plan, implement and measure interventions aimed at improving the wellbeing of communities. Social inclusion is recognized as a social determinant of health, yet when the social inclusion concept is operationalized, its components also include many other determinants of health such as work, education and social connection. Evidence tells us that rural communities disproportionately experience barriers to social inclusion which includes poorer access to housing, transport and support services. Residents of rural communities generally have lower incomes, higher long-term unemployment and a decreased life expectancy. While this may not significantly impact all people in rural communities it can result in greater inequities within them, giving more power to those already privileged.

In rural communities, smaller populations mean that there are fewer people to inform decision-making or initiate action. Access to community influence and benefits is dependent on becoming a privileged or elite community member through family tenure or wealth and status[1]. This results in the privileged community influencing decisions on the entitlement, allocation, and timing of community resources, leading to greater exclusion for those without power or influence [2,3,4].

Addressing social inclusion requires a broad view of the concept and a "joined-up" approach to ensure action in one sector is complemented in another. Interventions need to target the structural barriers in society that lead to individuals being excluded from the various forms of community participation. Enabling increased participation in community life will strengthen the local economy through increased employment, spending and social capital.

EVIDENCE STATISTICS

- Building Socially Inclusive Rural Communities: A complete resource[5]
- Australian Social Inclusion Board – "How is Australia Faring?" Reports[6]
- Fair Foundations: The VicHealth Framework for Health Equity[7]

LEADERSHIP

- Investment in social enterprise initiatives that provide education, employment and economic benefit
- Identify, support and mentor vulnerable families and individuals to access the services and support they require to be socially included (e.g. The Compassionate Frome Project – led to a significant decrease in emergency hospital admissions https://www.resurgence.org/magazine/article5050-compassion-is-the-best-medicine.html)

1. Alexander, M. L. (2005). Social inclusion, social exclusion and social closure: what can we learn from studying the social capital of social elites? . Paper presented at the International Conference on Engaging Communities, Brisbane, Australia.
2. Onyx, J., Edwards, M., & Bullen, P. (2007). The intersection of social capital and power: An application to rural communities. Rural Society, 17(3), 215-230.
3. Ostrom, E. (2000). Collective action and the evolution of social norms. The Journal of Economic Perspectives, 14(3), 137-158.
4. Wilson, L. (2005). Social exclusion and social capital in Northern Adelaide: The role of social networks in reproducing social inequity. Paper presented at the Social Change in the 21st Century Conference, Carseldine, Australia.
5. Loddon Mallee Region PCPs (2016) Building Socially Inclusive Rural Communities: A Complete Resource. Victoria
6. Australian Social Inclusion Board (2010). Social Inclusion in Australia: How Australia is faring. Canberra: Commonwealth of Australia.
7. VicHealth (2015) Fair Foundations: The VicHealth framework for Health Equity. Carlton. Retrieved from: https://www.vichealth.vic.gov.au/media-and-resources/publications/the-vichealth-framework-for-health-equity

DISCUSSION PAPERS

HEALTH AND WELLBEING

There are varied indicators and contributors to mental health and its significance on Australia's economy is stated at $40 billion

PREVENTION PRIORITIES

REGIONAL RURAL CONTEXT

Primary prevention refers to the actions people take that help them avoid developing certain health problems.

There are varied indicators and contributors to mental health and its significance on Australia's economy is stated at $40 billion (direct: $28.6 billion, indirect $12 billion)[1]. Paired with the significant return on investment of 2.3[2], there is vast opportunity at the Regional level. Innovative, locally targeted, local ways of mitigating the unmet mental health needs of rural and regional Australians need to take community-specific issues into account. Social connection, family violence, social and civic trust, physical activity, access to public transport, employment, eating habits, are indicators for this area.

Overweight and obesity rates are at unprecedented levels. Current estimates predict that by 2025, one third of children and more than two thirds of adults will be overweight and obese[3]. Strongly linked with disadvantage, the health costs of obesity are well documented[4,5]. The importance for the prevention of obesity can be articulated in its economic costs. While it is a complicated task to estimate the cost of obesity due to the nature of its complexity, it has been estimated that indirect costs ($4.8 billion) exceed direct costs ($AUD 3.8 billion)[6]. These costs are expected to rise with each one percentage increase in obesity in the Australia population costing about $4 billion a year[6].

EVIDENCE/ STATISTICS/GUIDING DOCUMENTS/ POLICIES

- VicHealth priority areas of: 'promoting healthy eating'; 'encouraging regular physical activity'; 'improving mental health wellbeing'.
- Department of Health and Human Services: Victorian Public Health and Wellbeing Plan (2015-9) outlines the 'improving mental health', 'healthier eating and active living' as priority areas in response to the increasing impact of chronic disease. Mental health synergies with the priority areas 'alcohol and drug use', 'sexual health', 'safety and security'
- Murray Primary Health Network Strategic Plan 2016-2018 – prioritises 'mental health treatment rates' outcomes.

LEADERSHIP

- Obesity Policy Coalition, Cancer Council Victoria, Mental Health Australia – Peak bodies
- World Health Organisation – Social Determinants of Health
- McKinsey Global Institute and Price Waterhouse Cooper (Economic Analysis)
- Health in All Policies (HiAP) - where health is an outcome of all policies, with a focus on health equity.

1. Australian Government (2015), National Mental Health Commission: Fact Sheet 15 – What this means for workplace mental health
2. Australian Government (2015), National Mental Health Commission: Fact Sheet 15 – What this means for workplace mental health.
3. VicHealth 2016, VicHealth Highlights 2015–16, Victorian Health Promotion Foundation, Melbourne
4. Department of Health and Human Services, 2015, Victorian Public Health and Wellbeing Plan (2015-9).
5. McKinsey Global Institute (2014), Overcoming obesity: An initial economic analysis.
6. Price Waterhouse Cooper (2015), Weighing the cost of obesity: A case for action.

DISCUSSION PAPERS

HEALTH AND WELLBEING

Nationally, reduced productivity, health, social and infrastructure costs due to extreme heat, fire and flood cost the economy $AUD billions each year[3]

CLIMATE, ECONOMIC ADVERSE EVENTS AND COMMUNITY RESILIENCE

REGIONAL RURAL CONTEXT

The impacts of climate change have serious consequences for health exacerbated by hazards such as bushfires, extreme heat and severe storms. Tackling this area has been described as potentially the greatest global health opportunity of the 21st century[1]. Co-benefits from action and adaptation serve as "…further evidence that climate change action should not be viewed as a cost, but rather as an investment in an opportunity to reduce the social and economic burden of ill-health, while making accelerated progress towards climate goals"[2]. Without effective action, the Region will be unable to capture the economic opportunities arising from these immediate and local health co-benefits[3].

Our Region's economy is as diverse as its natural landscape; food manufacturing and service industries dominate the south, while agriculture remains the economic foundation of the north. Consequently, it is highly exposed to present and projected climate change impacts and global economic impacts[3]. Nationally, reduced productivity, health, social and infrastructure costs due to extreme heat, fire and flood cost the economy $AUD billions each year[3]. The health and social economic costs associated with events such as the Black Saturday bushfires (AUD$3.9 billion), can be greater than the economic costs from infrastructure damage[3].

Some potential areas for investment are outlined in the Framework for a National Strategy on Climate, Health and Wellbeing for Australia: including Emergency + disaster preparedness; Supporting healthy + resilient communities; Education + capacity building; Sustainable + climate-resilient health sector[1].

EVIDENCE/ STATISTICS/GUIDING DOCUMENTS/ POLICIES

- Heatwaves cause more deaths than any other natural disaster in Victoria[3].
- Reduced productivity from extreme heat already costs the Australian economy AUD$8 billion annually[1]
- Agricultural production systems are affected by changes in temperature, rainfall and humidity affecting the affordability and availability of foods, especially fresh fruit and vegetables[4].
- Changing climate may also boost the prevalence of bacteria, parasites and viruses, which in turn could increase the risk of food and water contamination[4].
- International obligations: United Nations Framework Convention on Climate Change (UNFCCC); Paris Agreement of the UNFCCC (2016); International Covenant on Economic Social and Cultural Rights; Sustainable Development Goals (SDGs)
- National documents: National Climate Resilience and Adaptation Strategy[4]; Framework for a National Strategy on Climate, Health and Well-being for Australia[1]

LEADERSHIP

- Climate and Health Alliance
- The Victorian Climate Change Adaptation Program aims to increase the knowledge and capabilities of government, the agriculture sector and farming businesses to adapt to climate change by working with the dairy industry
- Local examples/case studies: 1) The Rural People: Resilient Futures Project (Southern Grampians Shire Council) – building capacity of vulnerable people to respond to climate change impacts and strengthen community. 2) The Tasmanian Government has developed "Enterprise Suitability Maps" to assist farmers and prospective investors to analyse potential crop or enterprise options for a property or district, which can be used at a regional level to scale.

1. Climate and Health Alliance (2017), Framework for a National Strategy on Climate, Health and Wellbeing for Australia.
2. Climate and Health Alliance (2017), p. 19, Framework for a National Strategy on Climate, Health and Wellbeing for Australia.
3. The State of Victoria Department of Environment, Land, Water and Planning (2016), Victoria's Climate Change Adaptation Plan 2017 – 2020.
4. Commonwealth Government (2015), National Climate Resilience and Adaptation Strategy

DISCUSSION PAPERS

HEALTH AND WELLBEING

Whether in a health and social wellbeing context, workplace or in the prevention of family violence or violence against women; promoting gender equity benefits men, women, girls and boys.

GENDER EQUITY

REGIONAL RURAL CONTEXT

Gender equity addresses the unequal status of men and women, girls and boys. An equitable approach acknowledges different strategies are often necessary to address disadvantages and achieve equal outcomes[1]. Whether in a health and social wellbeing context, workplace or in the prevention of family violence or violence against women; promoting gender equity benefits men, women, girls and boys.

Although we have come a long way in improving women's lives over the past 100 years, gender inequality still persists in nearly all areas of life in Australia.

Put into context; Australian women on average earn 15.3% less full-time average weekly earnings than men[2]. For every hour of unpaid domestic work a man does, a woman performs an hour and 46 minutes irrespective of the level of paid work undertaken[2]. Women are underrepresented in our region's leadership positions, making up only 27% of Local government councillors. Gender inequalities also persist in sports media coverage with men in sport making up 93% of total television sports coverage[3].

Gender equality with workplace settings is beneficial to Australia's economic performance as research shows the benefits include; improved national productivity and economic growth, organisational performance and enhanced ability of companies to attract talent and retain employees. Additionally, a 6% increase in the female participation rate would boost the level of GDP by 11%[2].

Gender inequality is complex and does not impact on all Victorians in the same way. For many, the impact of gender inequality is compounded by the way that gendered barriers interact with other forms of disadvantage and discrimination. This interaction of other forms of disadvantage and discrimination can also increase risk of vulnerability to experience of gender inequality and family violence. Rural and remote Victorian women are just one group at greater risk of experiencing family violence.

Research also shows women in rural and remote communities additionally experience limited access to specialist services and increased incidence of family violence in the wake of natural disasters such as bushfires, droughts and floods, which are more common in rural, regional and remote communities such as the Loddon Mallee region[4].

Violence against women is serious, prevalent and driven by gender inequity[4,5]. The Loddon Mallee region is among the highest reported incidence of family violence with the vast majority of our local government areas sitting above the state average incidence6. By promoting gender equitable, safe and respectful societies, institutions and communities, violence against women is preventable[4,5].

EVIDENCE/ STATISTICS

- Workplace Gender Equality Agency (www.wgea.gov.au)
- The business case for gender equality: www.wgea.gov.au/sites/default/files/wgea-business-case-for-gender-equality.pdf
- Workplace Gender Equality Agency 2018. Australia's Gender Pay Gap Statistics. Australian Government. February 2018. <www.wgea.gov.au >.
- Australian Institute of Health and Welfare (www.aihw.gov.au) Family, domestic and sexual violence in Australia report 2018: www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/
- Australian Institute of Health and Welfare 2018. Family, domestic and sexual violence in Australia 2018.Cat. no. FDV 2. Canberra: AIHW. <www.aihw.gov.au>.
- City of Whittlesea 2014. Gender Equity Strategy: Celebrating vibrant self-sustaining communities together. November 2014. < https://www.whittlesea.vic.gov.au/media/1561/gender-equity-strategy-accessible.pdf >
- Crime Statistics Agency 2017. Family Incidents. December 2017 www.crimestatistics.vic.gov.au>
- Victorian State Government 2017.Safe and Strong: A Victorian Gender Equality Strategy.

LEADERSHIP

- Royal Commission into Family Violence
- The Loddon Mallee Action Plan for the primary Prevention of Violence Against Women 2016-2019
- Change the Story Framework: A shared framework for the primary prevention of violence against women and their children in Australia
- Safe and Strong: A Victorian Gender Equality Strategy
- Free From Violence: Victoria's strategy to prevent family violence and all forms of violence against women
- Free From Violence Action Plan: Victoria's strategy to prevent family violence and all forms of violence against women Action Plan

1. City of Whittlesea 2014. Gender Equity Strategy: Celebrating vibrant self-sustaining communities together. November 2014. < https://www.whittlesea.vic.gov.au/media/1561/gender-equity-strategy-accessible.pdf >
2. Workplace Gender Equality Agency 2018. Australia's Gender Pay Gap Statistics. Australian Government. February 2018. <www.wgea.gov.au >.
3. Victorian State Government 2017.Safe and Strong: A Victorian Gender Equality Strategy.
4. Royal Commission into Family Violence (2016).
5. Our Watch, 2015
6. Crime Statistics Agency 2017. Family Incidents. December 2017 www.crimestatistics.vic.gov.au>

METHODOLOGY

CEO VISION PROJECT

Project goal: that rural Victorians will enjoy better health and wellbeing outcomes that are at least comparable to that of their metropolitan counterparts.

PRIORITY AREAS

The topics of the papers referenced the RDA Strategic Direction 3 and were generated from issues identified within the Regional Partnerships forums, the Loddon Mallee Region Health Services Partnership and The Health Sector Working Group discussions. They were not intended in any way to limit the discussions but to provide starting points for the conversations.

WORKSHOPS

Two consultation workshops were delivered to support the input of health and community service CEOs from across the LMR. Workshop participants were supported by core staff of each of the five PCPs across the LMR. Invitations were sent via email and prospective participants were asked to consider social and built infrastructure issues from a Regional perspective. Discussion papers for each of the ten priority areas were disseminated to registered participants prior to the workshop.

The workshops were held in:

- Mildura (March 22, 2018): 10 participants, one videoconference participant
- Bendigo (April 18, 2018): 17 participants, no videoconference participants

The Project provided further opportunities for participation through a survey sent to:

- Participants who attended the workshops
- Invitees who did not attend

29 participants attended the two consultation workshops either face-to-face or via videoconference. Two participants contributed through a follow up survey designed for those unable to attend the consultations in person. Participants were representative of:

- Health services
- Community health services
- Primary Care Partnerships
- Education: Local Learning and Education Networks and TAFE
- Welfare and family services
- Department of Health and Human Services
- Local government
- Sporting bodies: YMCA and Sports Focus
- Ambulance Victoria

Mildura Themes

IMPACTS

The cost savings of primary prevention, with a sustained, long-term outlook was suggested to be impacting health and wellbeing. More effort was recommended to be put into prevention, and there was acknowledgment that the system / government policy is not geared to this space. It was also acknowledged that the current system is geared towards outcomes, and not prevention.

SOCIAL INFRASTRUCTURE

- Invest in the workforce – nurse practitioners, more MBS items, district nursing services.

BUILT INFRASTRUCTURE

- Telehealth: linking specialists in a place based approach
- Consistent access to broadband / mobile phone service and interoperability across platforms

Bendigo Themes

IMPACTS

Health equity was a strong theme, with the group demonstrating and acknowledging the impacts on health and wellbeing of the community and the health workforce. It was highlighted in the experience of women, the aged and those of diverse backgrounds. The issue of 'critical mass' impacting on funding, eligibility and access was identified.

Prevention was prioritised by the majority of participants, acknowledging the improved workforce required to deliver it.

SOCIAL INFRASTRUCTURE

- The 'community hub' / local health hub concept was broadly represented across many of the priority areas. Connectedness, co-location and collaboration being some solutions to service inaccessibility and fragmentation. Solutions such as vehicles and improved technology were elicited.

BUILT INFRASTRUCTURE

- Improved ease, access and usability of communication design (broadband / mobile phone)
- The 'community hub' / local health hub concept was broadly represented across many of the priority areas.

METHODOLOGY

CEO VISION PROJECT

Synthesis

The Health Sector Working Group met to consider the consultation content including the specific ideas presented to the consultation workshops. From this information nine Project concepts were developed to reflect the captured thoughts of the consultation participants and described as “Imagine” statements accompanied by a preliminary business case. This was collated into the “Imagine” document to resource the CEO prioritisation session. (June 14, 2018)

CEO Prioritisation

A Loddon Mallee Region Health Services Partnership meeting held on 14th June 2018 in Swan Hill was the setting for the CEO prioritisation session. The ”Imagine” document had been circulated with the meeting papers to support the consideration. Participants provided prioritisation by indicating their first, second and third preferences from the nine Projects presented. An opportunity for those who were apologies for the meeting was provided through a follow-up survey.

NOTES

CEO VISION PROJECT