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Annual Report **19/20**



**phn**  
COUNTRY SA

An Australian Government Initiative









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# Chair of the Board Report



"As well as the specific challenges thrown at us in the past year, CSAPHN has continued with business as usual in commissioning, monitoring and reviewing the range of services we commission across all of rural SA."

The 2019-20 year has been anything but routine, but the Country SA PHN (CSAPHN) has stepped up to the plate and been a strong voice for the role of primary health care at the forefront of bushfire recovery and pandemics.

The Board took pause last year and undertook an external review to see what areas of good governance required more attention and has made some changes to internal and Board processes in response to this. We expected to swing into 2020 with a new found vigour only to be pushed back by the devastation of the bushfires across our regions hotly followed by the need to modify our business processes due to the precautions put in place around COVID-19. The organisation and the Board have managed with a modified meeting schedule with more teleconferences and video-meetings.

The PHNs were involved in providing immediate and longer term support on the ground after the bushfires in affected areas with some additional funding in this area.

The SA COVID response built on good relationships already in place between both of the SA PHNs and SA Health enabling us to be involved in the state-wide COVID response in the Command Centre and working with those in that space to ensure SA primary health was always in the mix with responses, information, testing etc.

Additional funding was also provided to enable the establishment of specific Respiratory Clinics and enhanced Respiratory focus in smaller clinics across our patch. Our senior staff are to be congratulated on our positioning in this arena with a much stronger presence than seen in other states.

As well as the specific challenges thrown at us in the past year, CSAPHN has continued with business as usual in commissioning, monitoring and reviewing the range of services we commission across all of rural SA. It is a credit to all our staff and service providers that we have managed to maintain this despite the difficulties presented.

Thanks to our CEO Kim Hosking, COO Mark Hartigan and all the CSAPHN staff for another successful year.

A handwritten signature in black ink, appearing to read 'A Edwards'.

Dr Alison Edwards  
Chair of the Board



# Chief Executive Officer Report



“As well as the specific challenges thrown at us in the past year, CSAPHN has continued with business as usual in commissioning, monitoring and reviewing the range of services we commission across all of rural SA.”

It is clear that this past year has been an unprecedented challenge for Country SA PHN (CSAPHN). It has been an unprecedented year of challenge for all businesses and the community, our partners, providers of service and stakeholders. The elephant that has blundered into and consumed the ‘room’ has of course been the advent of the COVID-19 crisis. This crisis has dictated our activities this past year and will continue to do same throughout the next period and almost certainly beyond. The COVID-19 emergence has created a public health event, unparalleled in recent times, which will impact public health and community thinking for a generation. CSAPHN has responded to the crisis throughout, aiming to be an exemplar of good community practice and with the needs of our community at the front of our minds.

Our year commenced with continuation and in some applications, the expansion of activities in common with preceding years. Our focus being to improve upon services commissioned for mental health and general health activities and other activities aligned to our mission for improving system integration and coordination, as well as General Practice and other provider support. Our 2019-2020 reporting and 2020-2021 annual planning deliverables were achieved, and the Christmas break taken.

However immediately upon the commencement of the year, in

the first week of January, we were required to respond to the bushfire emergencies in the Adelaide Hills, Kangaroo Island and the Upper South East. While we have been accustomed to a bushfire response in the summer of a number of the preceding years, the span of the activity this year was greater. The Commonwealth directed funds and required activities and principally our mental health team, responded to planning and commissioning needs within barely a week to a fortnight time frame, recruiting a community project officer and directing funds to providers. Mental Health services were expanded into increased activities in each region and community forums led to grant funds being made available for community support and resilience.

As this activity played out it was clear that a significant public health event was approaching and ahead of the perceived demand and using knowledge gained over time, we began positioning ourselves for a response, the style and scope of which we had no real way of determining.

In March with the declarations of national and state emergencies and following an invitation to join with SA Health in their response to the potential and early realities of the COVID-19 crisis, the CSAPHN split its organisation into two functional platforms; a COVID-19 response and a Maintenance of planned activities team.



# Chief Executive Officer Report

The COVID-19 response part of the organisation progressed activities to commission six Commonwealth funded Respiratory Clinics across regional SA as well as fifteen nurse led activities in smaller and more isolated communities, expanding the capacity of practices to support local need should they arise, and in some areas, they did. General Practice was supported to respond and hundreds of thousands of items of personal protective equipment were distributed to general practice and then wider into allied health. The activities expanded into support to aged care and flu activities were enhanced for same. Staff were engaged in the State Health Command Centre and were leaders in initial community response activities. We engaged with SA Health in planning and command activities including practical field response. Regular community communications were progressed daily then as time progressed weekly according to changing needs. We worked hand in hand with the Adelaide PHN as the only State jurisdiction in Australia directly engaged in the State Command and Control activities and both organisations supported each other and presented to the state a seamless and consistent support to SA Health and our communities, adapted to varying demands and needs.

While that team focussed on the emergency, the Maintenance Team led by the Chief Operating Officer,

with the Board approved delegation of a CEO, undertook activities to support our Commissioned service providers in the emerging demands and changing needs and in managing their own challenges, as organisations operating in a time of crisis. They supported increased demand for telehealth and remote service provision based on technology. All of the normal activities of the PHN continued, albeit with a reduced workforce and increased demand to provide support and assistance. Throughout this period, the needs of the Bushfire response were not forgotten, and our team continued to support the impacted communities. All of the necessary, planned and scheduled activities were met and delivered.

Our staff, in common with the great bulk of the Australian workforce moved their work off site in March and work has progressed, consistent with Commonwealth and State direction and advice. We were well positioned to shift off site in terms of the safety and flexibility of our systems and the capacity and capabilities of our information and technology and finance teams. At the end of the period our workforce remained off site, consistent with advice and direction and at time of this report we continue to work within that advice, with reduced numbers of staff on site and expanded use of telecommunications for engagement and networking.

It is not uncommon at this time, for comments to be made about staff of organisations not being at work and now returning to work. This is an unfortunate and unrealistic appreciation of the realities of this past year. It is also the case that comment is made reflecting unrealistically, that employees of the public sector and entities such as the PHN associated with same had this past year easy. I am uncertain as from where these perceptions arise. The perceptions are not the realities of our staff, nor the service providers with which we work. As an organisation we can be immensely proud of our workforce. Our people responded to demand. They shifted off site albeit that this was a challenge. Not all people have dedicated studies or offices at home. Many live within limited space. Many had to share family space with children being home schooled by that worker, or shared space with a partner also working from home. Some had partners who lost their jobs creating pressure within the home environment. Yet we increased our work product. We expanded our capacity, and some officers of the organisation managed their normal role while adding new and competing activities. Our productivity expanded. Some of our staff were required to or volunteered to support the distribution of the hundreds of thousands of PPE to communities.




They unpacked bulk supplies and repackaged the content into smaller packaging for further distribution. Some became couriers. One of our workers was directly impacted by engagement in what post the engagement, became identified as a risk environment and required testing and isolation. Notwithstanding this response by our people, not a single request has been made for home expenses or time in lieu of extra time worked. I could not be prouder of a workforce that I have had the privilege of sharing my time with, in my forty six years in health in SA.

Sadly, and lacking a commonality with other significant public health initiatives in modern times, the current crisis has become partisan and political and inflamed divisions. Confusion exists as community leaders and opinion makers debate eradication verses containment and this creates difficulty for organisations for ongoing planning. We were fortunate that direct Governmental and expert leadership and inciteful decision making prevented an emergency such as being experienced elsewhere in the world. In the minds of many, the disease does not present the impact that they have been cautioned about and thus presents no significant danger. What's the fuss? They have not experienced the real personal, system wide and community impact of the potential of this virus. There is danger now that what should be clear and

logical public health policy, planning and preparedness will be overtaken and overruled by ill-conceived and ill-considered alternative policy. Effective management must always consider the consequence of actions. Our organisation should hope for its communities and for its own safety, security and surety, that appropriate well considered and constructed policy is maintained, developed and progressed.

Our next year will continue our good work and we will rise to the challenges as they arise. Our staff have proved to be the equal to any challenge as have those we engage as our Commissioned service providers and our partners.

I take this opportunity to express my appreciation to all those engaged within and associated with our enterprise throughout the past year.



Kim Hosking  
Chief Executive Officer



# Chair of Finance Report



"Our organisation, like others deeply engaged in health, face the challenge of meeting the need to be good exemplars of safe practice, while seeking to function effectively and efficiently."

Another year gone, another Financial Report to be circulated, but this year has been a year of exceptions and activity like no other, and I will expand on that a little later.

First though, our business this year, as in previous years, showed growth commensurate with funding received in line with the additional health needs of country South Australia. Our funding increased a little over 6% when compared to the previous year, to \$54.1 million an actual increase of \$3.2 million. The growth in income saw a growth in consulting and contractor expenditure in excess of the actual funding increase when combined with well managed controls and savings on operational expenses. A fine result for the communities we serve.

The audit report shows no areas of concerns or risks which, while expected, is nevertheless pleasing in that all areas of operation are compliant with business and regulatory requirements.

Meeting with principal audit partner Matt King, at the conclusion of the audit, and discussions from that meeting have not identified any major concerns. Although some modifications to our contracting process have been suggested, these were all previously discussed by the Board and are under evaluation.

As regards to our Auditors; last year the AGM deferred the appointment of auditors to the Board of the PHN. We the Board made no change, given new accounting standard requirements it was thought best that our current auditors were best placed to assist us through the process and need. While there is no issue or concern with the current audit company, it is important to ongoing evaluate the cost to the PHN to ensure value in our audit.

My role is as Chair of our Finance, Audit and Risk Committee and it is in the area of risk that we faced and effectively managed significant challenges in the latter part of this financial year. The challenge has been to respond to government directions impacting on our workplaces, but also to manage that same impact upon our service providers. As effective Commissioner of services, there was a need to support service providers as their move to work off site impacted their service delivery approaches and resultant spending. We were also in receipt of emergency funds for bushfires and COVID-19 activities, with demands for immediate activities to be undertaken by our organisation, the commissioning in short time of new services and facilitating support to organisations funded by the Commonwealth for other activities.



As an organisation expected to be an exemplar of good practice in responding to the COVID-19 crisis, we accomplished all of this with staff working away from offices, making use of the resources organised over time, to ensure we could in an emergency do just that. The advent of most personnel no longer present in the offices, while it has not impacted productivity as reported by our Executive Team, has meant the loss of the social and organisational benefit of face to face meetings, relationships, and involvements. The face to face engagement adds value to the organisational thinking and relationships. This potentially creates issues from a governance and oversight perspective and from an employee and organisational view point.

As we sit at the end of the Finance year we are now seeing from both ends of the business spectrum, that organisations who's enterprise is reliant on face to face involvement with the community and consumers are actively returning to 'normal' work environments. Those who's enterprise can be accomplished from behind the front offices continue to work from home and there is then a disparity between the two sectors. Our organisation, like others deeply engaged in health, face the challenge of meeting the need to be good

exemplars of safe practice, while seeking to function effectively and efficiently. Our organisation straddles these needs and I look forward to that point where we can be both a good exemplar of safe COVID-19 practice, but also be out in the field again and back in offices reaping the benefit of the personal interactions that support a vibrant and effective organisation such as ours. It's a difficult time and our PHN is just one of thousands in this position.

Our business is sound, well managed and run relative to needs and reporting expectations as shown by the Auditors Report. I commend the report to you.



John Curnow  
**Chair of Finance**

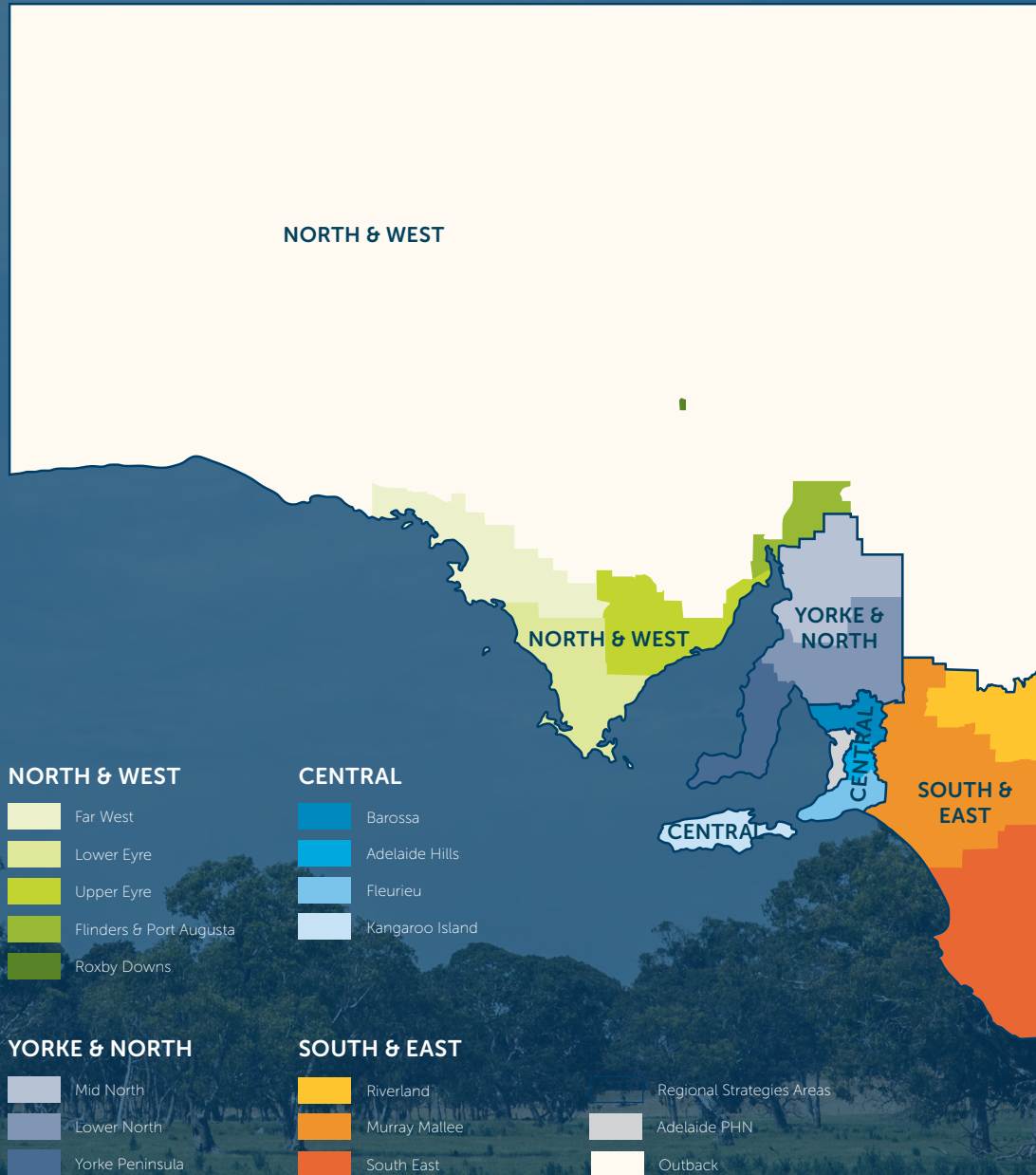


# Regional Health Priorities Statistics

Through the Needs Assessment Country SA PHN identifies health and service needs within Country SA regions and prioritise activities to address those needs through the commissioning of services.

An overview of the principal data sources used is documented in the [Needs Assessment Data Report - November 2018](#) which includes a holistic look at demographic, health, and health service patterns to identify locations and populations with particular health and service needs as well as country SA-wide priorities.









## Population Health

### Chronic Disease

- Highest rates of Arthritis were in Gawler – Two Wells (31.1%), followed by Outback - North and East (26%), Yorke Peninsula (25.9%) and the Mid North (25%); all other areas are close to SA rate or below (21.1%).
- Highest rates of Osteoporosis were in Gawler - Two Wells (11.9%) followed by Yorke Peninsula (6.2%) and the Mid North (5.6%); all other areas were below the State rate (5.1%).
- High rates of cardiovascular disease were found in the Yorke Peninsula (11.3%) while the Adelaide Hills had the lowest with 2.7%.
- While high rates of diabetes are recorded across the CSAPHN region, the Barossa (5.2%), Adelaide Hills (6.2%) and Lower North (6.8%) are well below CSAPHN overall rate (10.8%).
- The SA3 level area which had the highest rate of Asthma above the state level (14.5%) was Mid North (23.4%), the Lower North had the lowest rate (11.3%), whereas other areas are below CSAPHN (15.3%) and SA (14.5%) rates.
- SA3 level areas which had the highest rates of COPD included Outback - North & East (11.2%) which were over double the SA rate (4.9%), followed by Fleurieu Peninsula & Kangaroo Island (7.2%); all other areas were equal to or less than the SA rate (4.9%).
- Rates of high blood pressure, high cholesterol, insufficient physical activity, and unhealthy weight are highest in the Yorke Peninsula and above SA averages for almost every region.

### Cancer

- Prevalence of cancer is highest in the Fleurieu Peninsula & Kangaroo Island region followed by Murray & Mallee, Yorke Peninsula, and the Barossa regions; all other areas were equal to or below State and CSAPHN rates.
- Bowel Cancer screening rates were at 40.1% in the Outback - North & East. Only Yorke Peninsula and Fleurieu Peninsula & Kangaroo Island were above 50% participation across the CSAPHN region.
- Breast Cancer screening rates were under 50% participation in Outback - North & East region followed by Lower North, Mid North, Fleurieu Peninsula & Kangaroo Island, Murray & Mallee, and Adelaide Hills regions which were all under 60%.
- Cervical Cancer screening rates were below 50% in Outback - North & East, followed by the Mid North, Murray & Mallee, Yorke Peninsula, Limestone Coast, Fleurieu Peninsula & Kangaroo Island, Eyre Peninsula and Gawler - Two Wells regions which were rates under 60%.

### Immunisation

- Barossa (97.2%), Gawler -Two Wells (96.2%), Murray & Mallee (95.7%) and Limestone Coast (95.8%) all achieved the national target of 95% for 1 year of age Immunisation.
- No SA3 area achieved 95% coverage for 2 years of age immunisation, however all but two SA3s achieved 95% coverage for 5 years of age which were Adelaide Hills (92.8%) and Fleurieu Peninsula & Kangaroo Island (94.6%).
- HPV vaccination for both girls (62.2%) and boys (65.7%) were lowest in the South Australian Outback (SA4) region.

### After Hours

- The highest number of after-hours sites are located within the Eyre Peninsula, however this region has a very large area and a high number of sites located within the regional cities of Whyalla (8) and Port Lincoln (4), meaning after hours service is sparsely distributed throughout the remainder of the region.
- In the majority of hospitals in the CSAPHN region, emergency departments double as after-hours, serviced by on-call GPs from the local area.





## Digital Health

- 46% of general practices and 22% of allied health providers are employing secure messaging software to send information.
- Allied health providers (61%) are less likely than general practice (99%) to use electronic patient records.



## Aged Care

- The operational ratio for residential aged care places is highest in the Flinders & Far North with 118.2 operational places per 1,000 persons aged over 70 years.
- Concentration of ageing population in outer regional locations where age-specific services are more limited are in the Fleurieu Peninsula, Yorke Peninsula and Mid North regions.
- There is a projected increase in aged population throughout the region, particularly in the Riverland, Mallee, and South East.
- There are no Residential Aged Care Facilities places in the areas of Robe or Mallala and very low rate of RACF dementia specific places in the Outback, Adelaide Hills and Gawler regions.
- High number of ageing Culturally and Linguistically Diverse (CALD) populations located in the Riverland.



## Health Workforce

- All of the CSAPHN region except Port Augusta, Whyalla, Gawler, Mount Barker and Victor Harbor are considered GP distribution priority areas.
- Rates per 1,000 population for podiatrists (0.7), psychologists (1.3%), registered nurses (63.5%), optometrists (0.4%) and physiotherapists (2.9%) are below state averages in all CSAPHN regions, despite higher rates of chronic disease and mental illness.
- Rates per 1,000 population for GPs (3.5%), pharmacists (3.1%) and dentists (0.4%) are below state averages in nearly all CSAPHN regions.
- All of the CSAPHN region is considered a district of workforce shortage for medical specialists.



## Aboriginal Health

### Chronic Disease

- Acute Rheumatic Fever and Rheumatic Heart Disease register has a large proportion of the country SA cases in the far North West of the state from Coober Pedy to Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.
- Diabetes prevalence rate of 24.4% in country South Australia, increased to 40.2% for remote South Australia for all types of diabetes. Gestational diabetes was highest in the remote Far West at 10.7% of all pregnancies.
- Average annual age-standardised rate for hospitalised chronic diabetes complications is highest in Eyre (Indigenous Area IARE) with 25.2 per 1,000 followed by Port Augusta (18.1) and Ceduna (13.4).
- The incidence of end stage kidney disease in Aboriginal and Torres Strait Islander people is occurring at a rate of 57.8 per 100,000 versus 8.5 per 100,000 in the non-Aboriginal population in South Australia.
- Cancer is the second highest rate for leading causes of mortality at 232.1 per 100,000 compared to a rate of 171.6 per 100,000 for the non-Aboriginal population in South Australia.
- Breast, Cervical, Prostate and Bowel cancer screening for Aboriginal and Torres Strait Islander people in South Australia is low in comparison to the non-Aboriginal population.
- Aboriginal and Torres Strait Islander populations have higher rates of blood borne virus and sexually transmissible infections, including HIV, Hepatitis C, Hepatitis B, gonorrhoea, chlamydia, and syphilis.

### Immunisations

- Vaccination occurs at a higher rate for Aboriginal and Torres Strait Islander children at age 5 years (96.4%) then they do for other age groups 12 months (91.3%) and 2 year olds (87.1%).
- Vaccinations for HPV are also occurring at a lower rate for Aboriginal and Torres Strait Islander people in South Australia (girls 72.5% and boys 69.1%).

### Early detection and treatment

- In the 2016-17 financial year in the CSAPHN region 5,884 (35%) Aboriginal and Torres Strait Islander people had a 715 Health Assessment. The standout region in CSAPHN is Outback - North & East where 66.3% of the Aboriginal and Torres Strait Islander population accessed a health assessment.

### Aboriginal Workforce

- Low numbers of Aboriginal and Torres Strait Islander health professionals in the CSAPHN region, General practitioners (0.7 per 100,000), Nurses and midwives (1.54 per 100,000) and Allied health professionals (1.7 per 100,000) in CSAPHN is Outback - North & East where 66.3% of the Aboriginal and Torres Strait Islander population accessed a health assessment.





## Mental Health Alcohol & Other Drugs

- Psychological Distress Measurements revealed 13% of country South Australian's experienced high or very high levels of distress, compared to the state average of 11.9%. Furthermore, this level increased for Aboriginal and Torres Strait Islander people with distress levels equating to 31.8%.
- 1 in 7 young people aged 4-17 years were assessed as having had a mental health disorder(s) in the previous 12 months.
- The proportion of population aged 12-24 years who accessed at least one service from a clinical psychologist was highest in the Mid North (2.9%), followed by the Lower North (1.9%) and Gawler - Two Wells (1.8%).
- For the 0-11 years cohort, the proportion of population accessing at least one service was highest in the Mid North (0.6%), followed by the Yorke Peninsula (0.3%) and Eyre Peninsula & South West (0.3%).
- The number of young people serviced by a headspace centre was highest in Murray Bridge (638), followed by Mount Gambier (506).
- Access to mental health services varied across the CSAPHN region, the lowest for each profession was consistently found in the Outback - North & East (0.6%), Eyre Peninsula & South West (1.0%). The highest access for the CSAPHN region was in the Mid North.
- Access to clinical psychology was lowest in the Eyre Peninsula & South West where 0.4% of the population had at least one session, this was followed by Outback - North & East with 0.6%. Highest access was in the Adelaide Hills, Gawler - Two Wells, and Barossa.
- Access to mental health services by allied health professionals was lowest in both Eyre Peninsula & South West and Outback - North & East, equally providing at least one session for 0.6% of the population. Highest access for the CSAPHN region was in the Limestone Coast, Gawler - Two Wells, and Fleurieu Peninsula & Kangaroo Island.
- The preparation of GP mental health care plans per 1,000 population was highest in Gawler - Two Wells, Adelaide Hills, and Fleurieu Peninsula & Kangaroo Island with the lowest in Lower North, Eyre Peninsula & South West, and Mid North regions.
- Highest rates mental health conditions were Lower North (26.4%), Mid North (22.2%), Barossa (20.6%), Gawler - Two Wells (20.4%), all of which were above the state average.
- Psychological distress was highest in the Mid North (19.7%) followed by Gawler - Two Wells (17.4%), Barossa (17%) and Adelaide Hills (13.3%).
- The highest self-reported mental health service utilisation was in the Fleurieu Peninsula & Kangaroo Island (8.0%) followed by Lower North (7.6%), Limestone Coast (6.5%), and Murray & Mallee (5.6%) regions.

### Suicide Prevention

- The highest rate of suicide was in Eyre Peninsula & South West, Yorke Peninsula, and Murray & Mallee regions, while the highest attempt rates were found in the Limestone Coast, Murray & Mallee, and Eyre Peninsula & South West regions.
- CSAPHN region had 1,041 hospitalisations for intentional self-harm. The highest rates were in the Yorke Peninsula SA3 (3.6 per 1,000), Limestone Coast (3.1 per 1,000), and Fleurieu Peninsula & Kangaroo Island (2.9 per 1,000) regions.
- Males in the country SA region accounted for 79% of all deaths by suicide, a ratio of more than 3:1. However females accounted for the highest rates of suicide attempts.
- Aboriginal and Torres Strait Islander South Australians suicide (25.5 per 100,000) at a rate of more than twice that of non-Aboriginal and Torres Strait Islander people in South Australia (12.5 per 100,000) respectively. Suicide was the second leading cause of death among Aboriginal and Torres Strait Islander men at a rate of 39.2 per 100,000.

### Alcohol & Other Drugs

- Country SA PHN SA4 area that had the highest prevalence of monthly risky drinking with Adelaide Hills (43%), Barossa (40%) and Outback - North & East (35%).
- High prevalence of recent cannabis use was in Gawler-Two Wells and Barossa (18%).
- The level of prescribed opioids dispensed in SA3 areas across Country SA PHN ranged from 53,757 (Adelaide Hills) to 94,892 (Barossa).
- Prevalence of lifetime illicit drug use for school aged children (12-17) ranged from 8% in the South East to 18% in the Outback - North & East, while state prevalence was 14%.
- Prevalence of recent methamphetamine use was highest in South Outback South Australia (4%) whilst state-wide prevalence was 2%.
- Treatment for alcohol as a principal drug of concern was most common in very remote areas (64% of all treatment episodes) compared with 30% of treatment episodes in major cities (30%).
- Aboriginal and Torres Strait Islander people, of whom 70% live in rural Australia, were 1.7 times more likely to have recently used illicit drugs compared to the non-Aboriginal population.
- Mental and substance use disorders accounted for 19% of the total burden of disease for Aboriginal and Torres Strait Islander persons.







# Our Priority Areas

The Federal Government has identified key priority areas for PHNs. The best way to demonstrate how we are bridging the gap in health access within these priority areas is to share program highlights that have been achieved across Country South Australia during 2019-2020.



Population  
Health



Digital  
Health



Aged  
Care



Health  
Workforce



Aboriginal  
Health



Mental Health,  
Alcohol &  
Other Drugs



# Population Health

## Gender Connect Country SA

SHINE SA became increasingly aware of an overwhelming need for a safe and gender diverse friendly support service for anyone living in rural and remote South Australia. Country SA PHN recognised the importance of funding such a project and through this collaboration in March 2020 Gender Connect Country SA (GCCSA) was launched.

The program is a free confidential telephone peer support service for country South Australians of all ages who identify as trans, gender diverse or gender questioning as well as their personal or professional supports - after-hours four evenings a week.

"It can be challenging for trans, gender diverse and gender questioning people to find safe and supportive services. Access to safe supports can be more difficult to find for people living within Country SA. The GCCSA service provides a safe support option," said Kirsty Degabriele, GCCSA Team Leader.

One of the key factors crucial to the service's success is that it is staffed by an entirely trans/gender diverse (TGD) team. Their lived experience of gender diversity provides a vital point of connection for those seeking information, support, advice and understanding. TGD voices and perspectives have also been front and centre in GCCSA's design and

implementation. The service's dual aim is to support the personal and professional development of a TGD workforce.

GCCSA also offers clients a wellbeing check whereby a peer support worker will call to check in and see how a TGD person who has been using the service is doing and offer further information and follow up calls as required.

Also available through the service is information about gender affirming transition options and opportunities to connect with social and community groups. The team has a strong relationship which it continues to build with headspace's Queer Youth Groups and is always eager to support the development of new community groups within country South Australia. GCCSA is also able to provide referrals to emergency services and any other external services where appropriate.

Another unique element of the service is that it recognises the importance of extending this support and information beyond the TGD person to their personal and professional supports. This may include partners, family members, teachers, general practitioners (GPs), nurses as well as other health professionals and youth workers.

"The service provides learning opportunities for GPs and other health professionals within Country SA to increase their capacity to safely support trans, gender diverse and gender questioning people to improve their health and wellbeing," said Kirsty Degabriele, GCCSA Team Leader.

GCCSA provides two education sessions per year to upskill GPs and other allied health professionals with knowledge to assist in a more positive experience for clients seeking assistance and establishing referral pathways for continuity of care. GCCSA offers Workforce Training Updates for organisations and professional groups working within Country SA with the aim of increasing knowledge around TGD issues and confidence in working with TGD communities. Four workforce updates have been provided for 37 professionals working in Country SA including professionals from headspace centres in Whyalla, Victor Harbor, Murray Bridge and from Skylight. These updates have been well received with a 100% satisfactory rating for overall experience from the participants.

## A sample of participant feedback

"Engaging and passionate presenters!"

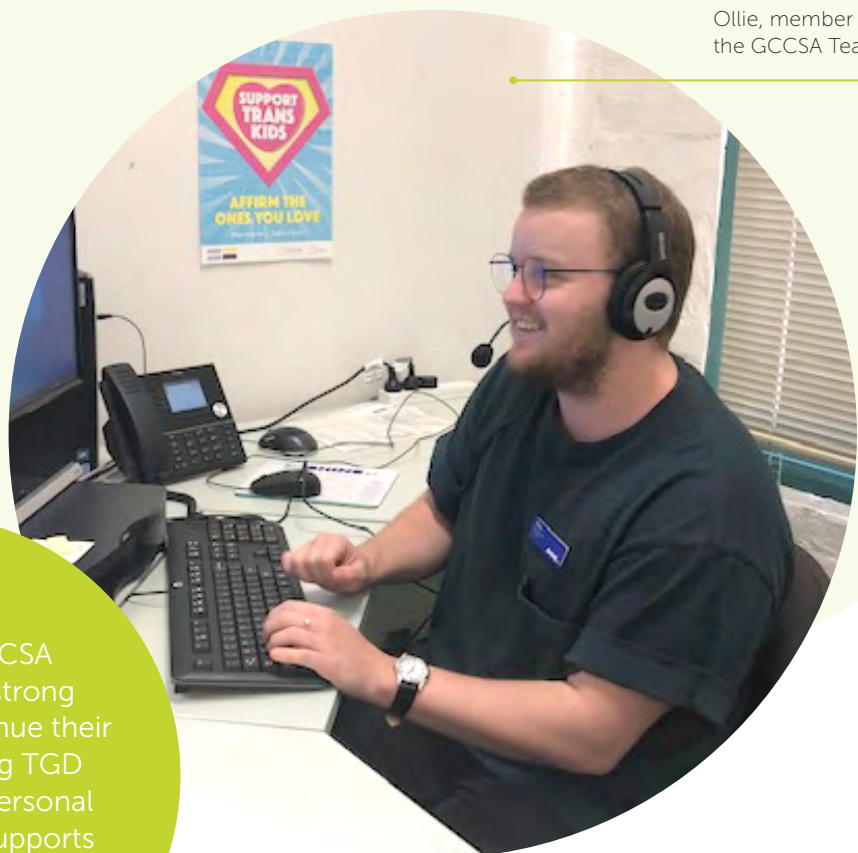
"Presenter delivered a lot of info in just an hour and it was great to be able to ask questions and clarify info in a non-judgmental way."

"Presenters were very kind, they were welcoming in receiving potentially uncomfortable questions, made us all feel at ease and reassured us we were doing well."

"The session had great information and was presented really well. It was informative and easy to understand and promoted a space to further conversation."

SHINE SA has also received much positive feedback from both community members and other professionals who have utilised the service. In addition, the TGD team employed within the service has reflected increases in their skills, knowledge, experience, confidence and sense of belonging and purpose within their community.

Ollie, member of the GCCSA Team



Overall, the GCCSA team has built a strong foundation to continue their work in supporting TGD people and their personal and professional supports living in Country South Australia.

# Digital Health

## Telehealth, secure messaging and e-prescribing

Over the last year Country SA PHN (CSAPHN) has worked hard to consolidate our positive relationship with SA Health and to deliver telehealth to our country South Australian rural and remote regions.

Prior to the changes due to COVID-19 restrictions, CSAPHN supported the access of public health specialists and the Rural Mental Health Services team into our country sites - with 140 general practices able to connect directly to the SA Health systems. Our support included direct training and activation and working with sites to maximise room use and equipment access. Two key success stories include the headspace service into schools in the South East (a collaboration with the Department of Education and headspace Mount Gambier) and the After Hours program for Residential Aged Care Facilities in the Adelaide Hills to connect to the Mount Barker Hospital.

The changes required due to COVID-19 provided both challenges and opportunity for telehealth's sustainable use. Challenges already experienced and understood about the use of insecure platforms, hardware configuration and internet consistency surfaced in general practices' response to the opportunity provided.

To support general practices, as an existing PHN partner with the Healthdirect VideoCall service we offered this free, secure and Cyber

Security approved platform with around 65 practices taking up the offer in April and May. We also deployed Healthdirect to Aboriginal Health services, some Mental Health service providers and domestic violence support services - linking a total of 80 central sites, with another 25 associated care sites.

The challenges presented by COVID-19 also provided many opportunities for rural and remote communities to realise and experience the benefits of telehealth services. A great example of this was the use of Healthdirect at Nganampa Health in Alice Springs which services the APY lands. It demonstrated the enormous value of provider to patient direct service capacity with access to general practice, allied health and integrated team care to their remote regions.

This year has also been a busy and exciting time for CSAPHN's Digital Health team, more broadly, with the introduction of a range of significant digital health initiatives. CSAPHN has been working collaboratively with SA Health and the Australian Digital Health Agency to introduce Secure Messaging as a digital cornerstone to support implementation and better clinical information flow of electronic referrals and updates on the referral triage status.

Secure Messaging is a key eHealth foundation, defining the protocols for safe and efficient transmission of sensitive healthcare information.

It is delivered by a set of technologies that enables the encryption (by sender) and decryption (by receiver) of secure point-to-point messages that are stored on a secured network server and delivered to a single known intended receiving entity.

The service offers a technical solution that supports SA Health's broader digital health strategic priorities. It replaces communication methods that have a risk of interference including ShareFile, faxes and traditional posted mail - improving the exchange of discharge summaries, referrals, pathology and imaging reports. It allows practices to receive messages and documents directly into their existing clinical software, improving efficiencies by removing the need for manual processes. The system will use the National Interoperability Framework, which means that most Secure Messaging products will be able to receive from and send to SA Health.

This is particularly exciting for country South Australian health professionals as it is the first time we are all simultaneously working on a whole of state solution.

CSAPHN has been assisting SA Health to implement Secure Messaging across country South Australia. We have ensured approximately 125 general practices IT systems were prepared to support this digital healthcare tool and supported more than 85 sites to have their pre-requisites in place, with remaining





The challenges presented by COVID-19 also provided many opportunities for rural and remote communities to realise and experience the benefits of telehealth services.

practices to be supported in the new year. We have also conducted practice surveys to assess their readiness to adopt Secure Messaging and to provide the appropriate level of support for this service to be fully implemented across all country South Australian Health sites and services.

This foundation work has also prepared country South Australian general practices and pharmacies for the introduction of electronic prescriptions (e-Prescriptions). On June 18, 2019 the South Australian parliament passed the required amendments to legislation to allow e-prescriptions as tender for writing and dispensing a script - bringing South Australia into line with other states.

An e-Prescription is electronically generated by prescribers and sent to the patient, as a token, by SMS or email. To ensure the safety and

security of transmitted patient information it must comply with the national regulatory and technical frameworks developed by the Commonwealth Department of Health and the Australian Digital Health Agency. e-Prescriptions are helpful in overcoming lost prescriptions, minimising transcription errors and saving printing costs and time. Those patients without the technological capacity for e-prescriptions can either have the token sent to a carer or continue to receive a printed paper prescription.

CSAPHN has also been working with The Pharmaceutical Society of Australia to ensure that we have consistent messaging and support and that country South Australian pharmacies are prepared for e-prescriptions. This work has included remote support sessions, follow up steps, resources and training materials.

Digital Health strategic initiatives will continue to provide opportunities for all Australians and for all primary health workers. As well as providing many challenges, COVID-19 restrictions have shown the way telehealth and other digital health services can be of particular benefit to those living and working in rural and remote communities.

# Aged Care

## Pharmacists in residential aged care facilities

The 2019 Aged Care Royal Commission highlighted the extent of neglect of older Australians in Residential Aged Care Facilities (RACFs). In its Interim Report Federal and State health ministers made medicine safety a national priority.

This was a welcome focus for the Pharmaceutical Society of Australia (PSA) who shone a spotlight on the prevalence of medication related problems in RACFs in their January 2019 report *Medicine Safety: Take Care*. It showed 98% of aged care residents had at least one medication-related problem and more than half were exposed to at least one potentially inappropriate medicine.

The PSA stated that it strongly believes “pharmacists must have a greater role in the residential aged care sector to utilise their unique medicine expertise to ensure the safe and optimal use of medicines for older Australians.”

Funded by Country SA PHN and delivered in partnership with the PSA, the Pharmacists in Residential Aged Care Facilities Program integrates pharmacists into the RACF care team to reduce medication related harm and significantly improve medication safety and health outcomes and ultimately the quality of life for aged care residents in country South Australia.

“It focuses on ensuring quality use of medicines and achieves better outcomes for aged care residents by reducing the use of high-risk medications, providing education and training to facility staff in the quality use of medicines and supporting them to provide more effective medication delivery.

“The pharmacists also undertake medication reviews for residents and support better transition into residential aged care for residents entering care from the community and/or hospital and for those returning to residential care from hospital,” said PSA State and Territory Manager SA and NT, Helen Stone.

Drug Use Evaluations and transitions of care, including medication reconciliations, are contributing to the prevention of medication errors by providing an opportunity to review therapy and identify missing or unnecessary medicines prior to developing an adverse outcome.

“On average, aged care residents have 76 prescriptions dispensed a year. The number of medications a person needs to treat their health can impact medication adherence and increase the chance of medication errors,” Helen said.

“(The) PSA believes supporting pharmacists to spend more time in aged care is key to improving medicine safety and quality use of

medicines. We commend Country SA PHN for initiating this program and working to incorporate pharmacists more comprehensively into the primary health care team.”

The positive impact of having pharmacists on site at RACFs is revealing the value a pharmacist’s medicines expertise brings to a facility. This is demonstrated in the identification and rectification of common medicine-use issues and as the rates of errors reduces over time this role will be primarily preventative in nature.

This has been the case at the Strathalbyn and District Aged Care Facility where pharmacist Stacey Putland has been working one day a week since the program began, providing a range of services including medication reviews, advice to care staff, and liaising between the facility and community pharmacy.

“Generally, pharmacists are able to provide a Residential Medication Management Review to an aged care resident every two years,” said Stacey.

“This is a comprehensive assessment to identify, resolve and prevent medication-related problems. When you consider the number of medications aged care residents take and how frequently their medication may change, two years can be a long time between reviews.”



Stacey Putland,  
Pharmacist

"A resident was constantly pulling their Buprenorphine patch off, upon review I suggested changing to another brand, this has resolved the issue, there were many interventions trialed to this prior to a simple brand change."

By being present at the RACF, Stacey can now undertake on the spot medication reviews and follow up based on resident need.

The interim report of the Aged Care Royal Commission also highlighted concerns around the use of psychotropic medications in aged care. Stacey believes this is another health care challenge the program can help to address.

"Our care team has already been able to cooperatively assess a number of residents taking high-risk medicines and either reduce or cease their dose," Stacey said.

"My experience suggests that pharmacists can play a valuable role in determining when and how the step down should occur, to ensure the best outcomes for residents."

By being on site, I can spend more time getting to know residents and their families, gaining a more in-depth understanding of their individual circumstances and can tailor my advice accordingly."

Stacey's time at the facility also enables staff to utilise her medication expertise.

"We recently had a resident start a new injectable medicine for treatment of a chronic condition that staff were unfamiliar with. I was able to provide advice around its use and because I spend regular time at the facility, I could catch-up with different staff on different shifts."

"The work I have been able to undertake through this program is incredibly rewarding," Stacey said.

"There's been great support in this community, from the local pharmacy, general practitioners, facility staff, residents and their families, even before the project, for a collaborative approach to care.

With this project funding we can increase the impact of the pharmacist on medication safety and resident health and well-being."

The Pharmacists in Residential Aged Care project is currently scheduled to run until June 2021.

### Participant feedback

"One resident had been receiving a 2.5mg dose of warfarin when they should have been receiving a 3mg dose."

"First few weeks at the home, on reviewing the resident's current warfarin and INR monitoring, 2 residents had not had INRs monitored for 3 and 4 months. Once tested, both came back with significantly out of range INRs (one was 8.4 which is nearly 3 times higher than ideal range) these interventions could have been life saving for the residents as INRs in this range can be acutely dangerous."



# Health Workforce

## Pharmacists in general practice

The Pharmaceutical Society of Australia (PSA) and Country SA PHN have collaborated on another innovative and highly successful program – integrating pharmacists into general practices in country South Australia. The aim of the Pharmacists in General Practice program is to minimise the preventable harm caused by medication-related problems and enhance patient outcomes.

PSA South Australia/Northern Territory Branch Manager, Helen Stone said that every day in South Australia around 48 people or about 17,500 people a year are admitted to hospital due to medication mistakes, at a cost of around \$98 million annually.

Nationally, the PSA's research found 250,000 Australians are hospitalised each year, with another 400,000 presenting to emergency departments, due to medication errors. It found at least half of these could have been prevented.

"PSA believes supporting pharmacists to spend more time in all health care settings is key to improving medicine safety and quality use of medicines," said Helen.

Integrating pharmacists into regional general practices is proving very successful. Pharmacists are taking part in a range of activities including

patient consultations, medication reconciliation and reviews, preventative health education, prescribing audits, MBS billing contribution, preventative healthcare, medicine information and staff education.

"Importantly, pharmacists also demonstrated flexibility within their scope of practice in order to deliver value to general practices in ways that were not anticipated in the initial project scoping and which we are continuing to explore as the program progresses," said Helen.

The Pharmacists in General Practice program has been operating in country South Australia since mid-2019 across eight locations in Angaston, Kapunda, Jamestown, Mount Gambier, Whyalla and Port Lincoln. At the Boston Bay Family Health Clinic experienced local pharmacist, Kylie van Rooijen has been providing a range of services including medication reviews, advice and education, and liaison between the general practice, hospitals and community pharmacy and believes the potential benefits are significant.

"A key point in the health care journey where medication problems can arise is the transition from hospital in Adelaide back to the community," said Kylie.

"I view my job as being a medication translator. By reconciling hospital discharge summaries with general practice health records and conducting patient consultations, I reduce the possibility of medication problems such as treatment courses not being completed or a person failing to restart taking a vital medication which they were taken off during their hospital stay."

"Available medications and the guidelines for their use change frequently. Pharmacists need to stay up to date with these changes and in this role I can ensure the clinic's general practitioners and registrars can easily and quickly access this information, giving them more time to spend in patient care and improving safe and quality use of medicines.

The program has been equally successful for Barossa pharmacist Tanya Tran. Tanya works across two general practices in Kapunda and Angaston providing the same range of services for the community.

"Patients have found it very valuable to be able to spend as much time as they need with a pharmacist in the general practice setting discussing their medications and any questions they might have," said Tanya.

As a trained Diabetes Educator, Tanya's engagement in general practice has expanded the support available to patients with this complex condition.

"We have recently conducted a trial designed to help people with diabetes manage their glucose and participants told me it has positively impacted their health and given them a new lease on life," Tanya said.

"Part of my work is to liaise closely with community pharmacies in the region and keep up to date on medication availability (...) I can ensure general practitioners are not only kept informed of supply issues but can access my expertise in terms of alternative treatments. I also provide advice on available new medications and medication guidelines. In this role, I can provide another set of eyes when it comes to medicine safety."

Tanya has found her involvement in the project highly rewarding.

"Working closely with the doctors in the practice and caring for patients has increased my clinical knowledge and ability," Tanya said.

"I feel like I learn something every day I am at work and have found this immensely satisfying."

Pharmacist Natasha Downing is having an equally positive experience working as part of the primary health care team at the Goyder's Line Medical Centre - providing care to the communities of Jamestown, Orroroo and Peterborough.

Natasha has found that the project also plays a much broader role in rural primary health care providing much needed support to rural GPs who are under immense pressure. In addition to consulting within general practice,


they are often working extended hours providing services to local hospitals and providing emergency services.

"Working as a General Practice Pharmacist relieves some of these pressures by supporting our doctors, saving them time and enabling them to focus on other tasks and allowing them to spend more time with their patients.

I believe it is one answer to assisting with such shortages, and a solution to help assist with improving rural health care services," said Natasha.

The Pharmacist in General Practice project is currently scheduled to run until June 2021.





"We are looking at a program that takes in language, takes in culture, takes in a person's environment...it's a holistic package that is suited to the individual and the families, not just one client or individual."

Nukunu health worker  
Kym Thomas

"Aboriginal people feel good to see other Aboriginal people. We have the connection in the community, we know the people they are happy to come see us.

"We've got about 27 different language groups here in Port Augusta, a lot of different cultures and differences. For us as Aboriginal people, we understand the different ways of the different groups of people,"

Pika Wiya Mental Healthcare  
Worker Rick Dadleh



# Aboriginal Health

## Reducing suicide rates in Port Augusta: Aboriginal aftercare program proving an effective approach

Australia's first Aboriginal specific aftercare model is having an impact in Port Augusta as it brings the community, clinical and cultural workers together to reduce the rate of suicide.

This project was initiated by Country SA PHN (CSAPHN) in 2017 under the National Suicide Prevention Trial. Port Augusta had experienced a relatively high Aboriginal suicide rate and its population of 14,000 people which included 19.1% of Aboriginal people from 27 language groups provided the 'critical mass' needed to evaluate a new approach.

CSAPHN worked with the Black Dog Institute on a series of forums as part of community consultation. Through this process, it was identified that there was a gap in local services to support Aboriginal people leaving hospital after a suicide crisis.

"Research tells us that a previous suicide attempt is one of the strongest predictors of a further attempt," CSAPHN Director Mental Health & AOD Reg Harris said.

"As a result, we knew there was immense value in delivering this service, but we also wanted to do it in the most effective way possible."

What followed was the establishment of an Aboriginal working group in collaboration with the local community, including people with lived experience, and representatives from the Local Health Network and Aboriginal Community Controlled Health Organisation (ACCHO).

"This group spent eight months documenting the co-design process and developing a model, followed by four months of stakeholder consultation," Reg said.

"Country SA PHN then commissioned the Pika Wiya Health Service Aboriginal Corporation to deliver the Aboriginal Aftercare Service in what is the country's first Aboriginal specific aftercare model."

The project has produced two sets of guidelines – for use in the emergency department at Port Augusta Hospital and for the community mental health team. Each offers a comprehensive staged approach to maintaining contact through admission and after discharge with a mix of psychosocial, clinical and healing approaches with a strong focus on family and community.

From December 2018 to June 2019, around 120 people were supported with 13 to 20 referrals a month to the end of 2019. Three-quarters of referrals were from the emergency department while the remainder came directly from the ACCHO – which demonstrates that the Aftercare Service is appropriately supporting the most acute needs.

In addition to providing appropriate support for people during a critical time in their care, one unanticipated positive outcome from the project has been greater collaboration between clinical and cultural workers across the spectrum of mental health services.

"To be able to achieve a positive impact for the wider community, alongside supporting individuals when they need it most, has been a great outcome from this project," Reg said.

"We know the suicide rate fluctuates but the good news is that we are seeing a decline in Port Augusta since the project started."

# Aboriginal Health

## 715 Preventative Health Assessment: starting a journey to better health

More than 4,700 Aboriginal and Torres Strait Islander peoples across country South Australia are hopefully on a journey to better health after completing the 715 Preventative Health Assessment (also known as a Health Check) in 2019/20.

The Health Check provides Aboriginal and Torres Strait Islander people with the opportunity to have their health comprehensively assessed to identify risk factors for chronic disease.

The intent of this free, annual checkup is to set the patient on a pathway to better health by providing access to preventative and early intervention management strategies.

"We are working towards a target of two in three people accessing the 715 Health Check by 2023 as part of the National Aboriginal and Torres Strait Islander Health Plan," Anthea Kemp, Assistant Manager, Aboriginal Health Policy, said.

"This Health Check can play such a vital part in people's long-term health

through early detection of chronic disease and further access to services or information they otherwise might not receive.

"For example, if a person was identified as being pre-diabetic through their Health Check, what would then likely be initiated is access to diabetes education or a dietitian to assist them with looking at individualised healthy living practices to avoid or to delay the onset of diabetes.

"In short, it's the first step in linking people with other health services and, hopefully, a starting point for what becomes a long-term health journey."

Four Indigenous Health Project Officers from Moorundi Aboriginal Community Controlled Health Care Service Inc, Port Lincoln Aboriginal Health Service Inc, Country & Outback Health and Sonder have been leading work in various ways to increase access to the Health Check – assisting general practices with support and advice, information for follow-up care and much more.

They have also supported efforts to encourage more people to access the Health Check by handing out free shirts or caps to those who have completed their Health Check.

"The shirts and caps provide a great visual stimulation for this program by creating a talking point – and that's exactly what we want," Anthea said.

"The more people that talk about the Health Check, the more that can hopefully be shared about how it's patient-centred, that people can take a support person with them if they choose to and, importantly, that a good Health Check is about empowering people.

"It's an important preventative measure that can make all the difference for a person's health – now and well into their future."



Wayne Oldfield, wearing his 715 Health Check Shirt





# Mental Health

## Supporting SA's bushfire-affected communities

December 2019 and early January 2020 will be forever etched into the memories of South Australians following devastating bushfires which ravaged many parts of the state.

In fact, the 2019-20 bushfire season was one of the worst South Australia has endured with almost 300,000 hectares of land burnt. Lives and homes were lost, wildlife and livestock were destroyed, and the already immense recovery process was subsequently impacted by COVID-19.

It quickly became apparent that any response effort needed to match the scale and complexity of challenges being faced by communities as they set about recovering. Country SA PHN (CSAPHN) created a new Bushfire Response Coordinator role to oversee the organisation's funding and program delivery.

"CSAPHN's role as part of the Australian Government's bushfire recovery program was to provide immediate and short-term as well as medium-term mental health support for individuals, families and communities, including emergency services personnel," CSAPHN Bushfire Response Coordinator Sally Patten said.

"Ensuring communities have access to coordinated, tailored support and

specialised services has remained our priority as we endeavour to give people the best chance of full mental health recovery from what were highly traumatic bushfire events.

"Our approach has been grounded in a long-term approach to support. We know there is so much to do of a physical and practical nature in the immediate aftermath of a bushfire but often what's required for emotional wellbeing comes further down the track – when there is time and space for people to get to this part of their recovery journey."

While support for bushfire-affected communities is continuing – and will for some time – CSAPHN's activity in 2019-20 included:

### Community grants

Bushfire Community Recovery Grants were available for community groups to apply for funding of up to \$10,000 to deliver grassroots initiatives that strengthened social connectedness and supported mental health. The funding grants provide the opportunity for communities to come together to foster resilience, healing and capacity building.

Women Learning Together received funding to provide activities on Kangaroo Island and the Adelaide Hills to promote the importance of

connection and healing, specifically for women. Both programs were fully subscribed with positive feedback from participants who were appreciative of the opportunity to attend.

### Frontline distress and trauma counselling

CSAPHN commissioned local service providers to provide counselling and other mental health services to support the needs of people experiencing distress or trauma. These services were offered free of charge, with individuals, families and emergency personnel able to access up to ten mental health services and continue to support communities across the state. On Kangaroo Island, this initiative included commissioning the Island's only current male mental health clinician to support community members.

### Free suicide prevention training

CSAPHN offered free suicide prevention training to residents of the Keilira region, Kangaroo Island, the Adelaide Hills and the Yorke Peninsula. LivingWorks Start is a 60-minute online program that trains participants to recognise the signs when a person might be having thoughts of suicide and then take potentially life-saving action by connecting them to help and support.

### Creating connections

A primary role of the CSAPHN Bushfire Response Coordinator has been to connect the large number of service providers working within the mental health and wellbeing space, particularly in the Adelaide Hills. This has also ensured that the Keilira and Yorke Peninsula communities have not been forgotten with services such as the Be You Bushfire Response Program and CRANA Plus now extending their services to ensure these communities are included. Linking in the Anglicare Suicide Prevention Service to the Lobethal Local Recovery Centre also provided their frontline staff with essential training and ongoing support.

### Working collaboratively

Alongside this, the CSAPHN Bushfire Coordinator has worked in collaboration with numerous other organisations and service providers within the recovery space – an approach designed to maximise access to services where they have been needed most. This includes mental health providers and clinicians, councils, the Red Cross, Wellbeing SA, Phoenix Australia, National Bushfire Recovery Agency (NBRA) as well as the Department of Premier and Cabinet and PIRSA among others.

On Kangaroo Island, this initiative included commissioning the Island's only current male mental health clinician to support community members.



# Reconciliation Action Plan

A significant number of the Aboriginal and Torres Strait Islander population in South Australia resides within the Country SA PHN (CSAPHN) service area. Aboriginal and Torres Strait Islander peoples are an important part of the communities of country SA, each Aboriginal and Torres Strait Islander community enriched and enriching in different histories, cultures, languages and experiences that form part of our collective perspectives.

CSAPHN recognises Aboriginal and Torres Strait Islander peoples as the first Australians and we celebrate Aboriginal diverse culture and heritage. We are committed to reconciliation and building respect, relationships and understanding between Australia's First People and other Australians and a shared commitment to empower Aboriginal and Torres Strait Islander people to live healthy and prosperous lives.

In July 2019, CSAPHN commenced work to participate in Reconciliation Australia's Reconciliation Action Plan (RAP) Program. As Reconciliation Australia provides, it's a formal structure for organisations to actively contribute to the national reconciliation movement "(...) a strategic document that supports

an organisation's business plan. It includes practical actions that will drive an organisation's contribution to reconciliation both internally and in the communities in which it operates."

Since this time, significant work has been undertaken to progress the RAP. The RAP Working Group (RAPWG) was formed in August 2019, incorporating representatives from across the organisation with the aim to progress the RAP by building a solid foundation together and embed the reconciliation process at the heart of our organisation's culture and decision making. It was essential to establish the governance of the RAP through this time. By September 2019, the RAPWG using Reconciliation Australia's framework, drafted the organisations Reflect RAP which was conditionally endorsed by April 2020 and includes 14 main actions for the organisation to progress.

These actions are progressive steps aimed at improving relationships, creating understanding and respect, and identifying and expanding on opportunities. From this, the PHN has already undertaken actions such as identifying and working with key partners on the RAP; investigating and undertaking cultural competency

training that is suitable for the organisation particularly for the health context; improving advertisements for recruitment; identifying Aboriginal and Torres Strait Islander advertising avenues; working towards the creation of Aboriginal and Torres Strait Islander traineeships; as well as identifying further opportunities for procurement and commissioning with Aboriginal organisations in country South Australia.

COVID-19 restrictions impacted the organisation in several different ways, with RAP Actions affected, such as participation in the Reconciliation Week Events, which were cancelled. The RAPWG collaboratively were able to quickly identify online solutions and created different ways the organisation could participate; and despite the barriers, most of the staff across the organisation, even in working from home arrangements, were able to mobilise and participate in recognition of the traditional owners of the lands in country South Australia. Subsequently, demonstrating the overwhelming commitment across the organisation to reconciliation and the many and varied Aboriginal communities across country South Australia.





CSAPHN recognises  
Aboriginal and Torres  
Strait Islander peoples as  
the first Australians and  
we celebrate Aboriginal  
diverse culture and  
heritage.

NAIDOC Week Celebrations were also postponed to November, however the RAPWG felt it was important to continue to observe the week on its original dates as well. The RAPWG led celebrations of the week internally with the staff across the organisation by sharing different online media from some of the Aboriginal communities within our service area. Again, there was an overwhelming response and it created further opportunities to demonstrate our respect and commitment, assisting in relationship building with colleagues and partners across our service area.

Currently the RAP is in the process of being visually designed by OchreDawn including artwork by emerging artist Shane Cook and once completed will be forwarded to Reconciliation Australia for full endorsement. Once officially endorsed, a RAP Launch will need to be undertaken, however, again with COVID-19 the format that this launch takes may also require some creative imagination by the RAPWG with the support of the staff across the organisation. Once officially endorsed, the CSAPHN RAPWG will continue its formal reconciliation journey, working together towards our RAP Actions and progress work for the next RAP – Innovate.

## Message from our RAP Champions



**Dr Alison Edwards**  
**Chair of the Board**

As Board Chair of Country SA PHN, I am honoured to have a role supporting and promoting the Reconciliation Action Plan (RAP) across the organisation and into our communities.

There is much work to be done across all facets of health and its social determinants to improve Aboriginal and Torres Strait Islander health outcomes. This needs buy-in at all levels and as an organisation we have capacity to continue to raise awareness and influence attitudes as well as support the amazing work done by and in Aboriginal communities across rural South Australia.

Country SA PHN has a close working relationship with each of the Aboriginal Community Controlled Health Organisations (ACCHOs) and commissions several programs focussed on improving Aboriginal and Torres Strait Islander health outcomes across the state. Our RAP will help us maintain the focus and help embed inclusive thinking in all aspects of our work.

I look forward to watching the RAP process gain momentum and gain traction in all our activities. I am very pleased to share the role to champion the RAP both internally and externally with my fellow Board Director Mr Wayne Oldfield who brings a wealth of lived experience and organisational involvement across the sector.



**Wayne Oldfield**  
**Board Director**

I'm pleased to be involved in reconciliation across our organisation, with our Chair of the Board, Dr Alison Edwards and look forward to working with Dr Edwards as we advance and promote the evolution of the Reconciliation Action Plan.

As the Aboriginal Consumer Representative on the Board of Directors, it is fantastic to be involved in a Reflect Plan that truly embraces Aboriginal and Torres Strait Islander peoples and the role we can all play in reconciliation.

The Reflect Plan provides us, as an organisation, with a framework to identify and address inequity in our systems. It enables us to form close relationships and continually evolve in our cultural awareness and understanding and how this impacts on our everyday actions.

CSAPHN aspires to continually improve the opportunities for employment, both within the CSAPHN and influencing our services to improve, enabling opportunities for Aboriginal and Torres Strait Islander peoples in country South Australia.

I look forward to the journey.



Our RAP will help us  
maintain the focus and  
help embed inclusive  
thinking in all aspects  
of our work.

Dr Alison Edwards  
and Steve Scott





# Local Health Clusters

Local Health Clusters (LHCs) are at the heart of Country SA PHN (CSAPHN). The LHCs are a conduit between rural and remote communities and CSAPHN. LHCs engage with their communities to inform us about local health priorities and to make sure commissioned services are locally relevant, patient centred, cost effective and aligned to existing local care.

As such, the clusters provide communities with the opportunity to help shape local health services. Cluster members provide a broad range of perspectives and experience to our PHN. This is vital to us as a regional and remote PHN – covering 99.8% of the state geographically.

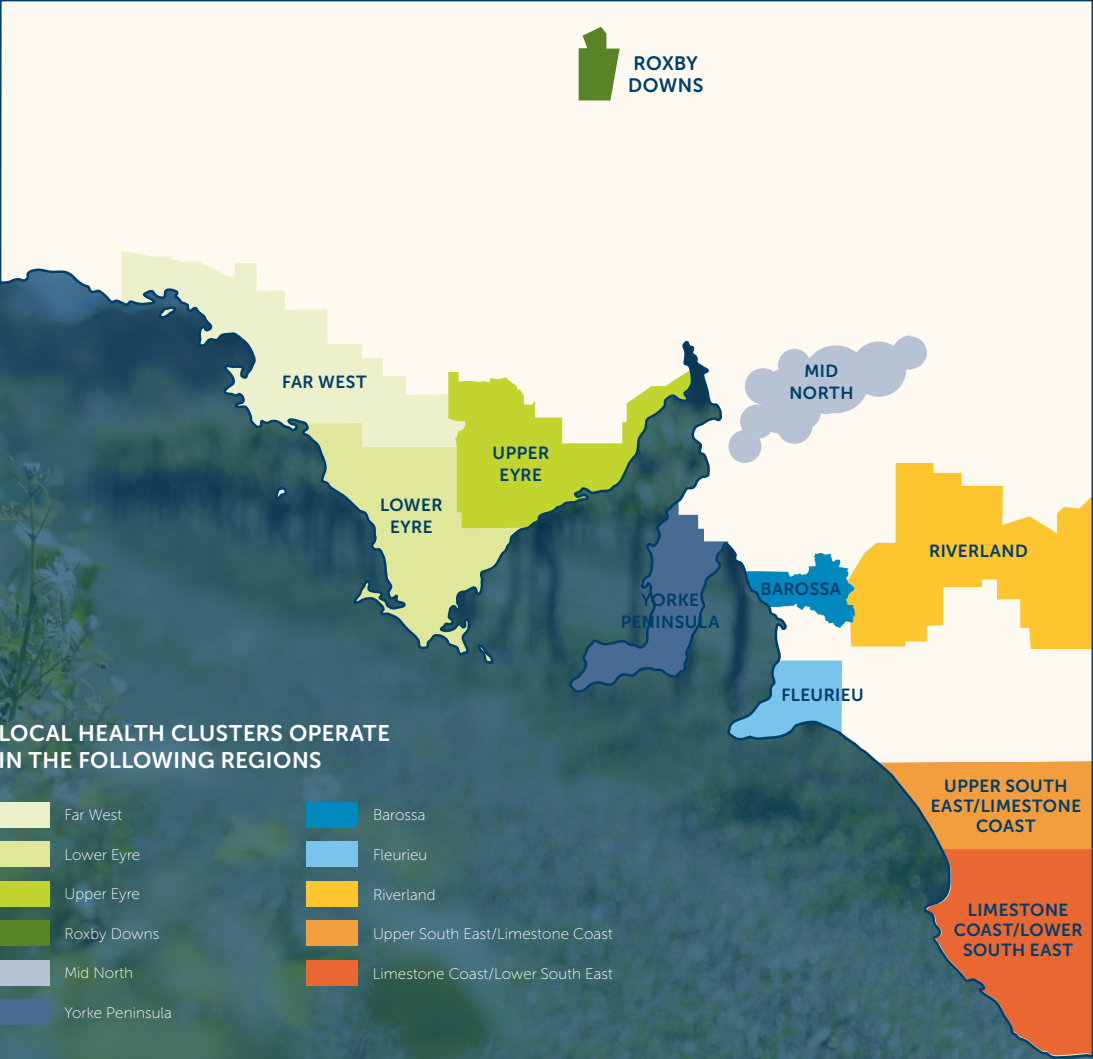
The LHCs have a significant primary health footprint right across country South Australia covering the following regions: Riverland, Limestone Coast, Fleurieu Peninsula, Mid North, Lower

Eyre, Upper Eyre, Barossa, Upper South East, Yorke Peninsula and Roxby Downs.

The clusters and their communities have continued to embrace the online feedback and engagement platform, Health Connections Community. The online platform is continuing to prove very effective for driving membership and overall engagement between the clusters, their respective communities and CSAPHN.

Throughout 2019-2020 the LHCs have been very active consolidating their role in local communities. CSAPHN funded small Health Cluster Grants to the LHCs to undertake local activities in their communities of a primary health nature. The LHCs created a range of diverse projects based on local need. The following is a snapshot of that activity across the state.









## Barossa Local Health Cluster

The Barossa LHC partnered with local community groups to support the Barossa Community Disability Expo in February 2020. It was a great success with more than 60 exhibitors and more than 280 guests. Many participants expressed the benefit of networking with other families and carers and sharing their experiences. Service providers also found it beneficial to meet and speak with community members about the services they have available.

The expo was also a lot of fun with entertainment provided by the West Adelaide Bearcats Wheelchair Basketball Team and Jake Argent DJ on Wheels.



## Lower Eyre Peninsula Local Health Cluster

During Mental Health Week in October 2019 the Lower Eyre Peninsula LHC collaborated with local community groups to deliver health literacy education through a diverse range of activities across the Lower Eyre. The aim was to improve health and wellness, encourage behavior change in communities to, promote Question, Persuade Refer (QPR) training and promote the Lower Eyre LHC and CSAPHN. The activities included gatherings with lived experience people talking about ways that we can keep well and providing tools for supporting our mental fitness and offering resources for help seeking.

The range of activities included a Family Fun Day in Cowell, Matty Curnow from 'Mind the Noise' talking at gatherings in Tumby Bay and Cummins, a Mindfulness Mental Health Morning in Kyancutta, a 'Let's Chalk!' event on the Port Lincoln Foreshore for World Mental Health Day, a 'You are not Alone' free men's event and a roaming social media frame at the Cummins Show.





## Upper Eyre Local Health Cluster

The Upper Eyre LHC (UELHC) partnered with Asthma Australia to deliver asthma education in areas such as community, allied health and general practice. The UELHC identified the need for asthma education – particularly childhood asthma education was identified as the highest priority.

The project aimed to raise community awareness of appropriate asthma management, reduce avoidable hospital admissions, increase knowledge of resources available to improve the understanding of asthma management and Asthma Australia's COACH Program and increase referrals to the COACH program.

Asthma Australia has been pleased to be able to deliver this project on time and budget under extraordinary circumstances. There have been significant learnings due to the innovation required to adapt and deliver this project in an on-line environment.

The following are examples of the feedback.

".. I learnt so much from these sessions. I have even started using my spacer appropriately. The stats that were presented were pretty frightening..." UELHC member, webinar participant

"...Just wanted to congratulate you on organising last week's asthma webinars.

I found the one on the Tuesday night in particular, very worthwhile, especially the changes in Asthma Guidelines..." Primary Health Care Nurse

"Thank you for helping to put together a terrific presentation. I have to admit I like Kingsley's presentations as they are always summarised and relevant. Both presenters were great." UE, GP Pharmacist



## Riverland Community Services Alliance

The Riverland CSA in partnership with FocusOne Health, headspace Berri and Riverland High Schools contracted Encounter Youth to facilitate an Alcohol and Other Drug (AOD) Program targeting senior school students and parents. Custom modules were developed with headspace Berri having key input into their development. The modules included: AOD and driving with a country road focus, alcohol and camping and alcohol and water (boating and water sports, swimming and camping on the river, alcohol and drowning). The established outcomes included: increasing the use of support networks and help seeking behaviour, decreasing student's intentions to engage in harmful AOD use, and increasing students'

intentions to provide appropriate support for others in challenging social contexts.

It was hoped the benefits of this training go well beyond the current cohort. The ripple effects of training a group of peers are far reaching and well evidenced. Young people look to their peers for guidance far more than their parents, hence the peer group takes on a self-regulating function. Young people look to their parents for boundaries, and with this education, parents are more confident to implement these boundaries, knowing that their parenting peers are doing the same thing. This makes decision making around substance use for young people easier on several fronts.



## Yorke Peninsula Local Health Cluster

The Yorke Peninsula LHC partnered with Karen Keavy from 'Into the Sun Counselling and Integrated Therapies' to deliver a youth resilience program called 'Empower Me'. The wellbeing meditation group was run at a Wallaroo Café on a weekly basis. The program targeted adults and children who are feeling 'stuck'.

The second project is a Self-Compassion/Mindfulness Group for Year Two Boys aged from 7 to 8 years and held at the Moonta Area School. All participants in the program had significant learning difficulties, some had family problems and all had non-attendance issues.

The third program run under the Health Cluster Grant was a Self-Compassion/Mindfulness Group for Indigenous Mothers of Moonta Area School. Unfortunately, this group was unable to go ahead due to COVID-19 restrictions at this time.





## The Fleurieu Region Community Services Advisory Council

The Fleurieu RCSAC (local governments of Victor Harbor and Yankalilla) offered Youth Mental Health First Aid Training and mental health literacy for local adults to better support young people.

The sessions were very well attended and the RCSA received some very positive feedback about the training. Participants reported that it was easy to understand, well presented and relevant and they stated that they would recommend Youth Mental Health First Aid Training to others.

The feedback received included:

"This course was fantastic and very informative"

"At first I didn't really think it was for me but I'm glad I came"

"I would love to learn more"

"I gained a better understanding of mental health and how to help others"

"It was enjoyable and easy to understand"

"I enjoyed this course way more than I thought I was going to. I feel like it was really beneficial"



## Mid North Local Health Cluster

The Mid North LHC supported the creation of a Men's Shed in Crystal Brook in partnership with Rotary and Nystar. The planned rollout of the Safe Saw project was compromised by COVID-19 restrictions but is now back on track.

The Mid North LHC also teamed up with the Orroroo-Carrieton Council, UniSA, and Local Health Networks to host student Occupational Therapists to undertake a community awareness project with great results in the local community.

The Mid North LHC was also involved in the Peer Support Asthma project in the Mid North as local community advisors.



## Upper South East Local Health Cluster

The Upper South East LHC commissioned Naracoorte psychologist Mandy Curnow from MC Coaching to create the 'In the head of a country bloke' podcast series focusing on primary health care in areas such as depression and anxiety. The 12 podcasts consisted of interviews between qualified psychologists and consenting interviewees from a wide range of backgrounds and locations with links to the South East.

Mandy's aim was to: "give men an opportunity to share their strengths through vulnerability – by telling personal stories, in whatever way they choose – in the hope that other men may take some inspiration, motivation, and food for thought from them."

The aim was to use 'laymans' terms and avoid clinical terminology to lessen any potential stigma and reach a wider audience.

### Feedback from a 42 year-old farmer:

"The one I've listened to was great and the best part is it's got blokes talking to blokes about deeper stuff and feeling comfortable to talk."

### Feedback from the wife of one of the participants:

Kriena: "You should be very proud, you have created an incredible platform for men to share their story, in their own words (...) It's amazing what you have achieved just for us, let alone every other podcast you've done and will do! I know Matt especially can't thank you enough, he's really proud of where he's at but I think he's felt no one understood how hard it's been for him, they do now!!"

### Listener feedback (via Health Connections Community):

Keenan: "Hi Mandy. Just had a listen to your podcasts with Wokka and Lach. Wanna say how much I enjoyed them. Inside the head of a country bloke is exactly the topic we need.

Both blokes so down to earth and honest. Was good to listen to. Thank you."



Matt Rowett







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