



Annual Report 2021-2022





Annual Report

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Reports

Chair of the Board

The year of 2021–2022 has been a year of great change for Country SA PHN.

When I first became Chair of Country SA PHN just over a year ago, I felt that I had been left with an organisation which was very good at what it did by the previous Chair Dr Alison Edwards, and had consolidated itself as an indispensable part of the health landscape in rural South Australia. However, I was reminded of a quote by John Rockefeller “Don’t be afraid to give up the good to go for the great”. The Board is committed to supporting Country SA PHN to become great. This last year has seen us take the first steps toward this goal.

Change of itself is not easy, it is often hard at first, then messy in the middle and gorgeous at the end. I feel we are at the hard part of this journey but am confident in our goal. One of the changes has been the search for a new CEO to replace the quite frankly (almost) irreplaceable Kim Hosking. Kim was a CEO who had an unparalleled network within our health system, was respected and set high standards. He will be missed greatly. Mark Hartigan will attempt to fill the rather large shoes left by Kim.

For those in the know Kim loves his shoes and it was not easy for him to leave them behind. The Board feels however that Mark is the right person to take us forward into this period of change. The appointment of Mark as CEO has led to a change in executive structure which we hope will improve our organisation and integral to this has been the appointment of Bernie Cummins as Deputy CEO. I am sure you will all join me in congratulating them both on their new roles and wishing them every success.

We have continued to commission much needed health services throughout country South Australia and have been heavily involved in assisting in the state COVID response. There have been challenges for our service providers in delivering services in the COVID environment but we have continued to support them and overcome these hurdles. We have learnt a lot over this time about new ways of working and this has led to some permanent changes in how we do things and in particular how and when we should work from home. Our new executive team has worked hard to improve relationships with the State’s six Regional Local Health Networks and with local councils to

try to find synergies in the things that we do. Over time we hope that this will start to bear fruit.

We have seen the retirement of two long serving Board Members Wayne Oldfield and John Curnow. Both have been extremely valuable members of the Board providing insight and guidance that only years of experience can give you. We have appointed two new Board members in Jill Coombe and Svetlana Bogomolova. I am sure that you will join me in wishing Wayne and John all the best in their future endeavours and welcome Jill and Svetlana to our organisation.

In keeping with the theme of change the Board has given a broad direction to the executive to pursue innovation and look critically at how we do things to see whether we can do them differently or better. We should not be afraid to fail but show courage to be innovative. To this end the executive is developing Patient Recorded Outcome Measures and Patient Recorded Experience Measures in order for us to understand what our commissioned service providers are doing right. We are also implementing Performance Based Commissioning.

There is work being done in the development of an innovation fund to stimulate innovation in rural communities in the delivery of health related services and activities and also the development of an interactive portal for our stakeholders to enhance communication.

Amongst all of this was a Federal election and a State election and change of government at both levels. We are yet to feel what this change will mean for us but it is certain that we are not afraid of this change and will embrace it.

Finally, I would like to thank our people, our stakeholders and the people of country South Australia for working for us and with us through this unparalleled time of COVID. People are what makes an organisation a great one and we have great people.

I look forward to the next year with a great deal of anticipation.

Dr Simon Lockwood
Chair of the Board

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Reports

Chief Executive Officer

I am pleased to provide herein, what will be my last Annual Report to the Board and Members of the Country SA PHN.

This last year 2021–2022, has been yet again, a period of continual growth in demand and services responding to same. Our organisation has grown since its inception and will continue to grow and this year like past years has brought challenges in same.

The management of COVID-19 continued to create demands and impact the organisation in its day-to-day operations, as well as its potential to influence systems improvement, systems improvement being one of the key raison d'être for the PHN network. The surge toward the end of 2021 saw the return to PPE and other service support activities and had some staff working though the holiday period to effectively support our activities. These staff deserve this special recognition. With the effluxion of time, the demands imposed by COVID-19 response strategies have lessened and the organisation can look forward to the closing of this chapter in our story.

Mental Health Commissioning remains our largest single area of activity and during this year we have navigated policy development and then moved on to develop further improvements in services and new ventures in this space. headspace activities have been improved and grown with particular note of the expanded services in Port Lincoln. Head to Health services are

a new venture progressed by the Commonwealth and Country SA PHN has participated in development of strategy and the development of future Head to Health sites in country SA. The wide collective of services provided by the Commonwealth through our commissioning activities remains as a critical pillar of mental health and alcohol and drug support for country SA.

During this year we have also responded to demands for growth in our support to aged care needs. New activities have been developed and progressed and we now have a team exclusively devoted to aged care service needs.

In all our Commissioning activities across mental as well as general health, we have adopted a 'Performance Based Commissioning' approach. This approach, a development from our previous commissioning activities, is designed to take us closer to the service provider and the people they service and provide for improved flexibility for our service providers, to what agree to be the needs of the population as well as the service provider. We find ourselves at the forefront of the PHN network in this progression for commissioning, with others looking to our lead.

The Deputy CEO (new CEO) through the latter part of the year has been working toward the innovation of a 'foundation', that can provide additional philanthropic activities through stakeholders, that will add value to local health needs at the

small community level. There is work to continue in this activity, but it is a potentially exciting outcome for our organisation.

We continue to demonstrate a clear leadership across the network as the most economically productive PHN in the network. This statement is supported by reference to the financial reporting of all PHNs on the Australian Charities and Not-for-profits Commission website.

Country SA PHN delivers its activities at a ratio of 15% (10% employee costs) of its funds expended in support and 85% of funding going to service delivery. Our service providers must also be recognised in supporting the best results for the community, working within productivity requirements agreed with Country SA PHN.

The latter half of this year has also seen us working toward the transition of Executive Leadership from the present incumbent to a new leadership. Retiring after leading the organisation through its development from its Divisions of General Practice origins through our Medicare Local period and into the PHN experience, provided the Board of Country SA PHN with opportunity for a managed progressive approach to leadership change and has provided for an 'in house' transition to the new CEO and Deputy CEO team of Mark Hartigan and Bernie Cummins. Consultation with service providers and key stakeholders has evidenced a very positive response to the stability



I am proud to report that Country SA PHN teams and our service providers have worked together to achieve positive outcomes for the communities we serve.

provided by this transition and a wide good will for the new team and acknowledgement of our Board for taking this positive and 'helpful' approach.

With appropriate support, the new team will lead the organisation forward with the necessary knowledge skills and attitudes required to maintain our organisations successes into the future.

I am proud to report that Country SA PHN teams and our service providers have worked together to achieve positive outcomes for the communities we serve.

I take this opportunity to thank our people and our Board for their good work in these positive outcomes.

Kim Hosking
Departing Chief Executive Officer

Reports

Chair of Finance

This has been an interesting year, a year of consolidation in part, combined with a degree of change, some through necessity, some through evolution.

First though, the financials, and with the 2021–2022 year income being just over the previous year (2020–2021 increase by 2.4%), and with expenses closely aligned to the previous year, there is a consistency in operations that relates to an ongoing level of performance. It might however be recognised that our introduced model of Performance Based Commissioning evaluations suggests better results for similar financial inputs. This is another Country SA PHN initiative that I am sure others will follow in due course.

The year though had that degree of consolidation, and with no big increases in income, and expenditure, we finished the year, pretty much line ball, with a small surplus (profit) of \$236K, a figure consistent with expectations.

It's easy to forget right now that 2020–2021 and the first half of 2021–2022 were constrained by

COVID and its associated restrictions, and the back half of the year, similarly constrained by the Federal Election. Net result was very much about sticking to what we were doing, and doing it well, and our financial result reflects just that.

The Management Letter (report) from our Auditors William Buck, shows, as we have come to expect, no items or issues requiring attention or creating any cause for concern in our accounts or systems. This is a good result and is a credit to our then CFO (now CEO), Mark Hartigan and his team, and with Mark's appointment as CEO and financial responsibility moving to Bernie Cummins (now as Deputy CEO), this position of clear, credible accounting for the business I'm sure will continue.

Country SA PHN is undergoing change; it is further evolving as we always imagined it would. Over the past 18 months we have seen the retirements of Dr Alison Edwards as Chair of the Board, Kim Hosking as CEO, and as at the end of this year, myself as a Board Director of this dedicated organisation.

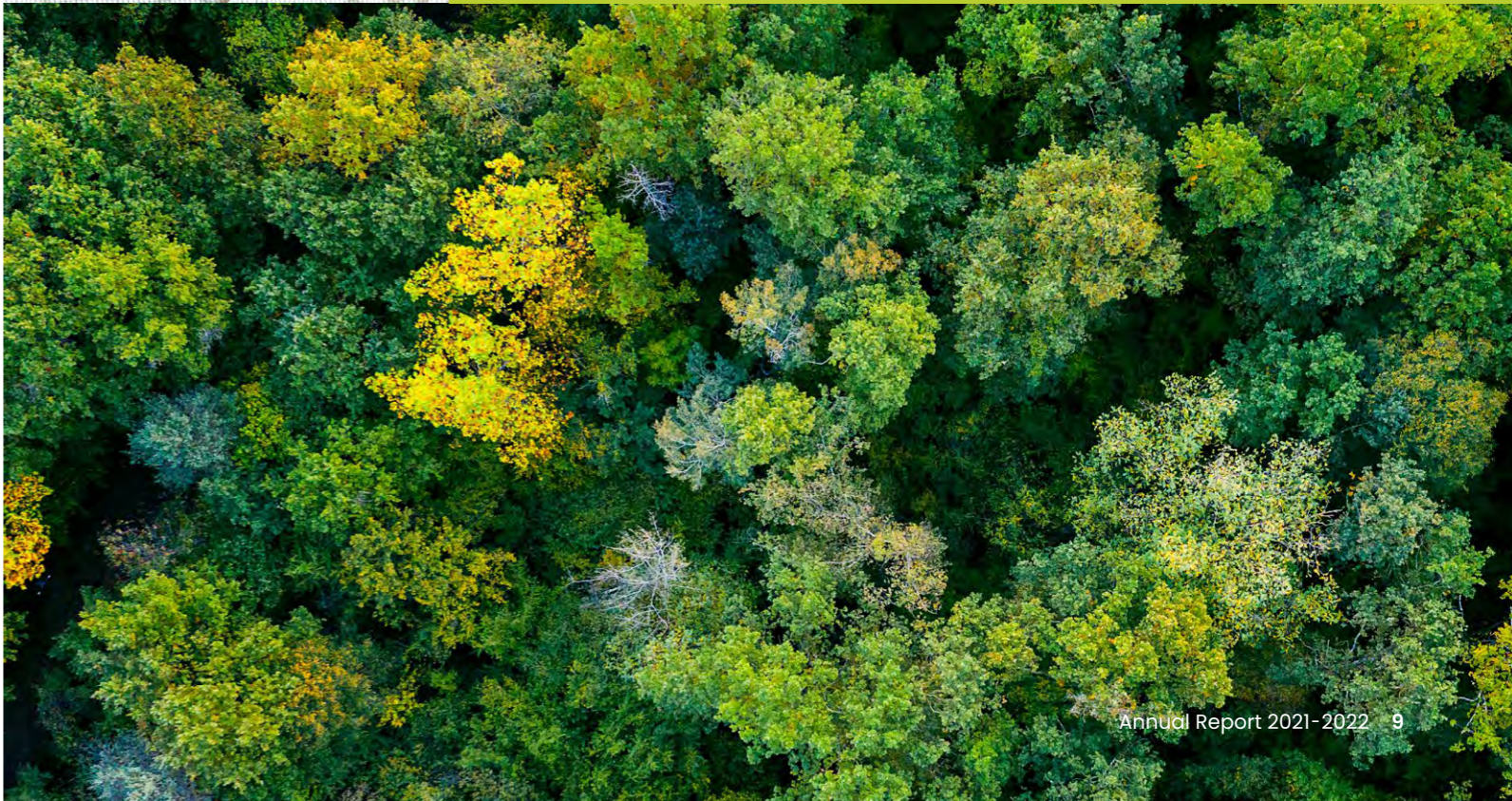
I do not use the word dedicated unwisely as within Country SA PHN there is a desire and dedication to improving the health and lives of our community, which is country South Australia. The organisation has come a long way, still, it is a long journey, but with Dr Simon Lockwood as Chair of the Board and Mark Hartigan as CEO, I am sure, and confident of a very positive future for the health of county South Australia.

Finally, I wish the Network well and thank you all for your involvement with me over the journey.

John Curnow
Chair of Finance



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Aboriginal Health



Integrated Team Care

Integrated Team Care supports Aboriginal and Torres Strait Islander people with chronic conditions to receive culturally appropriate patient care.

Integrated Team Care (ITC) is one of four responses by the Closing the Gap Strategy: Tackling Indigenous Chronic Disease developed through the Coalition of Australian Governments and funded through the Indigenous Australians Health Program.

ITC contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care, and support for self-management. The program contributes to closing the gap in life expectancy by improving access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and specialists) for Aboriginal and Torres Strait Islander people.

The objectives are to:

- contribute to better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people enrolled on the program
- improve access to appropriate health care through care coordination and provision of supplementary services for eligible Aboriginal and Torres Strait Islander people with chronic disease
- foster collaboration and support between the mainstream primary care and the Aboriginal and Torres Strait Islander health sector
- improve the capacity of mainstream primary care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people
- increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule items, including Health Assessments for Aboriginal and Torres Strait Islander people and follow up items.

Country SA PHN funds the following organisations to provide ITC in their regions:

- Yadu Health Aboriginal Corporation, Far West Coast;
- Port Lincoln Aboriginal Health Service Inc, Southern Eyre;
- Country and Outback Health, Port Augusta, Flinders and Outback;
- Umoona Tjutagku Health Service Aboriginal Corporation, Coober Pedy and surrounds;
- Nganampa Health Council, Anangu Pitjantjatjara Yankunytjatjara Lands;
- Sonder, Barossa, Gawler, Yorke and Mid North;
- Moorundi Aboriginal Community Controlled Inc, Murray Mallee incorporating Fleurieu;
- FocusOne Health, Riverland; and
- Pangula Mannamurna, Limestone Coast.

Uncle Adrian's Health Journey

Wirangu Elder, Uncle Adrian Ware shares his health journey to becoming cancer free with the help of the ITC program provided by Yadu Health Aboriginal Corporation in Ceduna.

An outstanding example of the positive and indeed lifesaving support that the ITC program can provide is demonstrated by the health journey of Wirangu man Adrian Ware. Adrian is an ITC client at Yadu Health Aboriginal Corporation in Ceduna. One day, out of the blue, four years ago Adrian's voice changed and became faint. Initially Adrian wasn't too worried as he thought it would come back in a couple of days, but it didn't.

A couple of months later Adrian made a specialist appointment in Adelaide. He was diagnosed with throat cancer and booked in for life saving surgery, without this surgery the cancer would have likely taken his life within about six to eight months.

"I would have died if I didn't have the first operation and I wouldn't be able to speak if I didn't have the second one," said Adrian.

"Having the surgery and having the help that I get from the ITC program at Yadu Health has been amazing," said Adrian.

The Yadu Aboriginal Health Corporation ITC coordinator, Jodie Milne, has worked closely with Adrian to coordinate his patient care. This coordination along with her relationship with Adrian have been critical in his recovery.

"The ITC program improves health outcomes for Aboriginal and Torres Strait Islander people with chronic conditions through care coordination and self-management," said Jodie Milne.

"We can advocate and liaise with the required specialist or GPs, allied health professionals so that they have a better outcome.

"He wouldn't be with us today but with the funding and support through the ITC program from Country SA PHN he's doing great."

One of the health professionals who has worked closely with Jodie and has been instrumental in Adrian's positive health journey is Tracey Nicholls, an Ear Nose and Throat Nurse Practitioner and Head and Neck Cancer coordinator at the Flinders Medical Centre.

"The role allows me to touch base with someone that's initially diagnosed and then it's my job to follow them through, organise their appointments," said Tracey.

"I see them right from the initial diagnosis for cancer and you know anyone who has a diagnosis of a cancer it's just horrific.

So, I see them through the trauma and the recovery from having that immediate surgery and then the teaching, the education and the settling down into a routine.

It's incredibly rewarding I really get to travel the journey with them. I get to know them really, really well so it's quite a privilege actually."

Adrian was aware his cancer diagnosis also had implications, for not just his physical health, but his life in general and that of his family.

"I was working in a sand mine, seven days on, six days off," said Adrian.

"It was good. The money wasn't too bad.

I could afford most things that I, that we needed at the time. I could rent a good house.

"I knew I couldn't work after this and that worried me that I couldn't afford to do that anymore."

Fortunately, Adrian's surgery and subsequent operations were successful. He then started on the long road to recovery.



Adrian's family with Adrian, Jodie and Tracey



"He wouldn't be with us today but with the funding and support through the ITC program from Country SA PHN he's doing great."



(Left to Right) Adrian Ware, Jodie Milne, Tracey Nicholls



“I needed to tell the story not only for me but for my children and grandchildren and to help promote the ITC program and how it can help people like me now and help other people in the future”

“It took me a while to learn how to put full sentences together.

I had to say the alphabet over and over to get the letters right.

I had another operation to remove all my teeth, I had several weeks of radiation treatment, and it was a while before I could return home,” said Adrian.

Eventually Adrian returned home to his family and living on Country. As part of his Laryngectomy Adrian has a stoma – a hole or opening made in the skin in the front of his neck that allows him to breathe. Through this hole, air enters and leaves his windpipe (trachea) and lungs. However, there’s no filtering, moistening or warming assistance that takes place. To do this Laryngectomy patients can wear a heat, moisture, exchanger, (HME) that works like an artificial nose to warm the air so that the lungs aren’t struggling to keep the air moist and the lungs functioning properly. It’s a necessity for healthy living.

These prostheses and equipment cost approximately \$1,000 a month to provide that warmth, moisture, and filtering.

“I would not be able to afford the ongoing care of the HME.

I’m thankful to the Yadu Aboriginal Health Service in Ceduna and Country SA PHN for funding the ITC program,” said Adrian.

“Without this program I’d lead a very different life but wearing my HME allows me to live in a dusty environment and stay on Country and just keeping my lungs as healthy as they can be.”

The ITC program also assists health professionals to provide a culturally appropriate environment for their clients and supports additional expenses such as travel and accommodation to and from specialist appointments, a vital aspect of ongoing care for people living in regional and remote communities.

“I wouldn’t be able to afford to go to Lincoln for my check-ups or go to Adelaide and get it changed. There’s no way I’d be able to afford that.

The ITC program helps me live an independent life on Country.”

“It’s lovely especially four years down the track we’re cancer free, we’re living it’s a new normal, it’s not the life that he had but it’s a new normal,” said Tracey.

“He’s still able to enjoy his family, and his friends and his grandchildren.”

Adrian was invited to share his remarkable health journey at the opening of the Australian Society of Otolaryngology Head and Neck Surgery Annual Scientific Meeting at the Adelaide Convention Centre.

“I needed to tell the story not only for me but for my children and grandchildren and to help promote the ITC program and how it can help people like me now and help other people in the future down the road,” said Adrian.



Aged Care



Let's Talk Aged Care

A telephone support service providing independent accurate information is assisting older people navigate the road to appropriate supports and services to age well in their place of choice.

An estimated 110,000 adults, or 22 per cent of the population aged 65 years and over, reside in country South Australia. This figure is set to rise to 27 per cent over the next decade.

As a priority population with significant representation in country South Australia, Country SA PHN is instrumental in improving access to high quality primary healthcare for older South Australians – supporting them to age well in their place of choice.

The Royal Commission into Aged Care Quality and Safety (1 March 2021) highlighted the ongoing need for support to be available to older people to understand and navigate the aged care system. “The availability of helpful and comprehensive information is critical to ensuring older people get timely access to the care they need and to empower them to make choices about their care.” (Royal Commission into Aged Care Quality and Safety Final Report – Care, Dignity and Respect: Volume 1)

To assist older people to navigate the aged care system, connect into local services and offer broad supports relating to reablement and wellbeing Country SA PHN funds the Council on the Ageing SA (COTA SA) to provide the Let's Talk Aged Care tele-service.

Support is provided by an Ageing Well Coordinator-Country, John Moran. John researches and provides relevant information, service, and support options to callers. He also offers tools and encouragement to assist people to make informed choices about aged care and other supports to age well in their community.

This support may include aged care services, how the My Aged Care system, website and call centre works, and the processes involved, assessments, and local supports available through the Commonwealth Home Support Program, and other referrals and supports within and outside of the aged care system.

Older people can contact John via the COTA SA's country toll free telephone number. John is further supported by existing COTA SA Management, Administrative and Communications staff and volunteers.

John maintains relationships with key agencies and networks in regional South Australia including Ageing Task Forces, Collaborative Projects, Multi-Purpose Services, Country Health Connect, Carer Gateway community centres and other aged care providers in each region.

To support the tele-service a series of online resources have also been developed for older people in response to issues and themes raised in telephone calls to the Ageing Well Coordinator-Country. They focused on simplified information that

complements existing My Aged Care communication, about such issues as living independently and safely at home and in your community and how to access aged care services. Hard copy resources are also made available to older people not able to access online content.

John reported that many older people who used the tele-service were feeling distressed or overwhelmed with information. Many calls were complex and related to multiple themes.

“Callers in general have been relieved to have someone to talk to about their own particular situation,” said John.

“As part of our survey feedback, customers report that the information that I have imparted has been very useful and that they have a clearer understanding of their situation and feel more positive.

Callers report that they feel more confident to take the next steps in following up with My Aged Care to gain the services they need.”

It's hoped that the tele-support service and the online resources will continue to be a trusted source of information and support – enabling older country South Australians to age well in their place of choice.



“Thanks, John, for the information you sent it was very informative, I feel like I have a much better understanding now, of how the aged care system works.”

Gloria

The service regularly recorded high satisfaction scores from customers and positive feedback that the service is making a difference

100%

of customers who have participated in the evaluation reported satisfaction with the service

39

customers accessed the tele-support service



Let's Talk Aged Care Case Studies

Case Study of support provided by John

Lenore called and explained that she has had some brain bleeds and Transient ischaemic attacks (TIAs) and had become confused and needed some help to organise supports. She had recently moved from Queensland where she received a Level 3 Home Care Package, is still in the process of having her belongings delivered from Queensland and had no services in place since arriving in a regional SA town. I suggested that she could get a social worker assigned temporarily. Lenore gave consent for me to speak on her behalf to investigate both health and aged care support options. I arranged an online direct referral for a social worker through the local Country Health Connect and GP Plus.

I talked with Lenore further and she informed me that the brain bleeds had caused her some confusion and forgetfulness. She misses appointments, cannot remember things that occurred recently and has some trouble filling out forms. She also talked about poor balance and leg strength and that she continues to have phone consultations with her Queensland Psychiatrist about her bipolar disorder who continues to recommend that Lenore increase her social interaction. Lenore does her shopping by taxi and is in the process of arranging to receive Meals on Wheels.

After our lengthy discussion Lenore gained a little more confidence to call My Aged Care herself to give a health update and request a reassessment for aged care services. I checked in with Lenore to provide

further support, to find that Lenore contacted her original ACAT assessor in Queensland directly instead of My Aged Care, as she felt more comfortable to do this, but found that she was no longer available.

With encouragement and Lenore's consent I arranged and made a three-way conference call with Lenore and My Aged Care, and I assisted Lenore to explain her situation to the call centre representative at My Aged Care, who then made arrangements for Lenore to be 'prioritised' to be allocated a My Aged Care Case Manager who will work with Lenore to have a re-assessment, and then get the services and supports that meet her needs.

Case Study of support provided by John

The following is a typical case study and highlights the challenges experienced by older people in some country areas, and how this service is helping older South Australians in the country to age well in place.

Mary (*name changed for this narrative) supports her husband who has dementia and Parkinson's disease and lives in Coonalpyn. Mary told me that she received some support from a practice nurse attached to the local doctor's surgery in Coonalpyn. The nurse was trying to assist Mary's husband to access a level 3 Home Care Package. The only services available at the time were some council Commonwealth Home Support Programme services to put in rails in the toilet and bathroom and Country Health Connect who provide

domestic assistance once a fortnight under the Commonwealth Home Support Programme.

Mary was needing much more support for her husband as he is private person of Italian heritage and likes only to be in his garden and she cannot leave him due to his risk of falls. Mary had tried to find and arrange services, but several providers informed her that Coonalpyn was too far away to get workers to travel. The main barrier for Mary was distance to providers and the two that serviced the town were at capacity. Mary sounded stressed and could not see any other options for her husband to get support. I gained Mary and her husband's permission to contact Country Health Connect and other providers that may have serviced the area. I followed up several providers in the region over several days, mainly providers based in Murray Bridge/

Meningie and in the Southeast Country Region and all the providers contacted stated that they did not service Coonalpyn. I then discussed respite options with Mary, but this was something that her husband would not contemplate. I reassured Mary that she was on the right path in seeking to access services and I would continue to follow up other providers and again spoke with Country Health Connect who were aware of Mary and her husband's situation. I contacted Mary again and she had now been advised by Country Health Connect that a package would be available after Christmas, and they had a worker who could provide the support. Mary was grateful for the guidance and support she received from COTA SA as she felt she was not trying to manage the situation on her own.

"I had a phone appointment with a client on the Fleurieu today and he spoke very highly of the support you have provided to him over the phone, and I would just like to thank you for following through. He said that some supports via My Aged Care and an aged care provider will be put in place within the next month or so. Thanks again."

Angela, Carer Gateway





Alcohol and Other Drugs



Healing Circles

An innovative group therapy and connection pilot program is proving highly effective in supporting Alcohol and Other Drug misuse and positive wellbeing and wellness recovery in Port Lincoln.

The Healing Circle Day Centre is provided by West Coast Youth Community Support in partnership with the Port Lincoln Aboriginal Community Council to provide social support, inspiration, mental health advice and peer support for the giving and receiving of assistance to achieve long-term recovery.

“The Healing Circle pilot program that began in September 2021 is now well established and continues to provide therapeutic group support to our Aboriginal and Non-Aboriginal clients in a culturally safe manner,” said Narelle Biddell, Chief Executive Officer, West Coast Youth and Community Support Inc.

Country SA PHN funds the Healing Circles, with the program offered at no charge to the community. We are pleased to support innovative ways to engage communities. Healing Circles effectively create a foundation for integrated,

community led program delivery that is well supported and understands and meets local needs.

The Healing Circles Centre’s key elements are distilled into the following theoretical approaches:

- A client-centred, culturally safe, gender responsive approach
- Trauma informed practice
- Family inclusive practice
- A strengths-based and resilience-oriented framework.

This theoretical framework serves as the foundation on which the model of care sits. It is consequently informed by these theoretical perspectives, guiding new practices, and shaping expected client outcomes. It works to provide the key principle of reducing the impact and costs associated with Drug and Alcohol misuse by providing a collaborative program that is strength based and has the needs of individuals and the community and society at the heart of the project.

The Healing Circles prevention interventions are premised on the belief that group therapy delivery reduces negative symptoms, poor

motivation, as well as improves social functioning and interpersonal relationship skills. Care and recovery coordination involves a person and their family setting recovery goals, supporting access to other health and human services and maximising opportunities for meaningful social and economic participation.

The program’s goal is to promote a more holistic lifestyle and to identify areas for change such as negative personal behaviours, social, psychological, and emotional that can lead to substance use. This is delivered via a suite of targeted program-based prevention interventions which targets specific groups and communities. These programs typically focus on groups of people at high risk of developing harm from Alcohol and other Drug use and are tailored to meet their needs. Client voice is important.

“Our Healing Circle clients, in many instances, are people who had given up hope for recovery, exhausting many other services, their families and other supports,” said Narelle Biddell, Chief Executive Officer, West Coast Youth and Community Support Inc.

Josie's Story

“The Healing Circle has given these clients an opportunity for healthy connection, new routine, and a space where they feel heard and valued.

Most importantly they are discovering that recovery is possible.”

More broadly, the Healing Circles Day Centre creates a collaborative framework linking clients, General Practitioners, Drug and Alcohol Services South Australia (DASSA), Country SA Mental Health Services, Community Support Groups, Headspace Port Lincoln, and other organisations in the provision of its wrap-around care. These may also include connecting with other services such as housing, employment, and education.

The Healing Circles Day Centre has been embraced by the local community. Since it's opening in September 2021 it has had more than 100 individual participants. The service originally ran two to three circles a week. The hours of the centre have now been extended to meet community need.

Forty-five-year-old Josie was referred to our service by her GP following a crisis hospital admission, on the background of alcohol misuse and family relationship breakdown. Josie had been residing in her car prior to her hospital admission after “going on a bender while my father was away”. Despite being well travelled and educated Josie had experienced long term alcohol dependence and reported “it is destroying my life”. Josie lives in a small nearby country town, had recently lost her part time job in hospitality and had very few healthy social connections or interests.

Initially Josie presented for individual Alcohol and Other Drug counselling, her mental state was poor at this time however she appeared determined to engage and was open to a family member attending one of these sessions to best minimise her risk. After several sessions it became apparent that the connection and group therapy offered at the Healing Circle Day Centre would complement and promote her recovery process.

We decided to do a combination; Healing Circle three days a week with monthly face to face therapy.

Josie has done extremely well in her recovery journey despite two lapses. She is a regular participant at the Healing Circle Day Centre and demonstrates strengths of hospitality especially enjoying our cooking program. Josie is also actively engaged in our group therapeutic sessions and has made healthy connections with all. Josie has provided the following feedback: “I love being here, no one judges you and everyone wants you to do well, for the first time in a long time I am feeling more confident about my recovery”.

Josie's family have also expressed their gratitude stating, “we had tried everything and for the first time she has admitted to us that she needs sobriety to live well, it is music to our ears.”



“I love being here, no one judges you and everyone wants you to do well, for the first time in a long time I am feeling more confident about my recovery”



Participants of the Healing Circle



Digital Health



GoShare Plus

GoShare Healthcare is an innovative SMS program sharing relevant health information, including health check reminders directly to patient's smart phones.

Patient education organisation Healthily provides GoShare Healthcare, an intuitive online tool that makes it easy for general practices to send relevant, timely educational resources to their patients.

Country SA PHN funds Healthily to provide GoShare Plus for country South Australian general practices to support quality improvement and preventive health activities within our region. GoShare Plus allows practice staff to send relevant health information embedded as a link in a text message to their patients. It aims to increase patient understanding and motivation to participate in preventative health campaigns and quality improvement activities.

"We believe that everyone should have access to the right information at the right time, to gain the knowledge, skills and confidence necessary to manage their health to the best of their ability," said Dr Tina Campbell, Managing Director, Healthily.

Healthily contacted Country SA PHN's Primary Care and Digital Health team in 2021 seeking our support in a Shingles Recall Pilot

Program - recognising the close and solid relationship our team has with country South Australian general practices. The Primary Care and Digital Health Support team contacted our practices offering them the opportunity to be a part of the pilot program. Using the Pen Cat tool that Country SA PHN funds, participating practices identified their relevant patient cohort. We then offered GoShare's customisable content distribution platform to support a recall of eligible patients to receive the Zostavax Shingles vaccine.

Approximately 2,500 patients received the Shingles recall text message from 18 country South Australian participating practices and just under 600 patients have been vaccinated - a 24% response rate overall.

The overwhelming success of the Shingles pilot led to further collaboration with Healthily to deliver Short Message Services for the following health issues:

- National Heart Health Check Recall
- Flu Immunisation Recall
- Aboriginal and Torres Strait Islander People COVID-19 Vaccines
- Diabetes

The Aboriginal and Torres Strait Islander People COVID-19 Vaccination campaign involved

engaging community leaders to share culturally appropriate and motivating video messages with their communities, discussing the importance of getting vaccinated against COVID-19.

Five community leaders from across country South Australia recorded COVID-19 vaccination messages which were incorporated into one interactive video package. Four practices participated, sending out 1,060 videos to under-vaccinated patients with a quarter of those sent being opened.

[View the Aboriginal and Torres Strait Islander People COVID-19 Vaccination campaign](#)

Country SA PHN is looking forward to continuing to collaborate with Healthily and country South Australian practices. We will be working on the Text to Detect - national Heart Health Check Recall Program that follows the success of the 2021 pilot program that reached more than 42,000 Australians. The program aims to increase the number of people who visit their general practice for Chronic Vascular Disease (CVD) risk screening with the targeted identification and management of CVD via an efficient recall system. Recall activities will be supported by GoShare Plus.

Pen CS Awards

The Shingles pilot program’s success led to two country South Australian general practices being nominated for National Pen CS Awards that recognise excellence in data-driven quality improvement in general practices and Aboriginal Medical Services across Australia.

Goolwa Medical Centre – Pen CS Patient Centred Care Award Winner

Goolwa Medical Centre won the 2022 Pen CS Patient-Centred Care Award at the Australian Association

of Practice Management National Conference.

The practice identified it wasn’t promoting health heart checks and retrieved information from Pen CS regarding their demographics. Nearly 400 patients fit the criteria for regular health heart checks being in the 45 to 49 age group and more than 20 Aboriginal and Torres Strait Islander patients over the age of 30. Pen CS was then used to add some risk factors to determine higher risk patients. A text message was sent to these patients encouraging them to come to the practice for a

health heart check. They received an excellent response. Goolwa Medical Centre had not completed any of these checks in 2020–2021 and after the messages were sent, they completed 100.

The program is now expanding to look at a model of care program for young Department of Veteran Affairs (DVA) patients under the age of 60. The DVA patients are now receiving health care services they weren’t aware were available. Goolwa Medical Centre has been working with the local RSL veterans which has been invaluable.

Broughton Clinic – Pen CS Patient Centred Care Award Nominee

Broughton Clinic was nominated for a Pen CS Award due to their remarkable work with their Shingle Recall Pilot Project. Dr Alison Edwards used Pen CS CAT 4 to search their data which showed they had 490 patients from the 70–79 age group who had not had a shingles vaccine. Text messages were sent to this cohort encouraging them to make an appointment to discuss and if appropriate proceed with the vaccine. Broughton Clinic had a

64% response rate, the highest result from all participating practices of the Shingles Recall Pilot in country South Australia. It was also a timely reminder for this age group to discuss Pneumovax, another target as a Quality Improvement measure.

To maximise community vaccination opportunities, Broughton Clinic recognised that not all patients had mobile phones and patients were contacted on a landline and offered an appointment. An afternoon was also spent at the local Residential Aged Care Facility vaccinating those in this age group.

A Plan Do Study Act (PDSA) Cycle for Accreditation was developed from the pilot to further enhance Quality Improvement for the practice.

The Pilot result has had a positive outcome not only for the Port Broughton community but the cost saving of avoidable hospital admissions for country South Australia.

Pictured below: 1. Goolwa Medical Center GPs, Practice Nurses, Practice Manager and Practice Staff 2. (Left to Right) GP Registrar, Carol Whitford, Dr Alison Edwards, Dr Neville Whitford



“The digital health revolution brings access and equity, delivering the right healthcare and enriched information, at the right time and in the right place, directly to the people who need it. It helps put consumers in charge of their own health.”
Dr Tina Campbell
Managing Director, Healthily





Mental Health



Country Wellness Connections

Successful mental health psychosocial program Country Wellness Connections has been extended to provide outreach support to benefit people living in rural and remote locations outside of regional towns.

Country Wellness Connections (CWC) is a free community-based mental health support program providing those living with a severe mental illness the opportunity to work with a CWC Support Worker to identify their individual psychosocial needs and achieve their own recovery goals.

CWC incorporates both the National Psychosocial Support Measure, National Psychosocial Support Transition and Continuity of Support Programs. Supports provided through CWC are non-clinical and can include group-based activities and/or individual one-on-one coaching as required.

Country SA PHN funds the following service providers to support their local communities through CWC: Skylight Mental Health, Murray Mallee, and Limestone Coast; Mind Australia, Riverland; Uniting Country

SA, Yorke Peninsula and Mid-North; and Country and Outback Health, Barossa, Adelaide Hills, Fleurieu, Flinders and Upper North and Eyre and Far North regions.

CWC supports are person-centred and so will inherently vary from person to person to address individual unmet needs. While supports provided under CWC are broad, the goal of the program is the same for each participant to assist them with building confidence, capacity, and stability in areas such as:

- fostering natural support networks, including family and friends
- vocational skills, training, volunteering, and employment
- maintaining and improving physical health and well-being
- finding and maintaining appropriate housing
- managing daily tasks and daily living needs
- financial management and budgeting
- building broader life skills

One of CWC's main objectives is to link and build natural support networks to reduce social isolation, improve mental health and enhance wellbeing. This may include sustainable community-based participation options (either socially and economically) and/or informal supports received through family and/or friends.

Murray Mallee and Limestone Coast region CWC service provider, Skylight Mental Health, uses a recovery-focused and strengths-based framework alongside a service model which provides goal focussed and trauma informed care to provide non-clinical psychosocial support services in regional areas. This service model ensures the goals of participants are central to the service provided. Support is short-term and flexible and aims to reduce social isolation and increase community participation while connecting with mental health treatments and community supports. The support is tailored to and considerate of local needs and includes both group-based and individual supports.



1. Tara and Caitlyn from Skylight at the Community BBQ in the Limestone Coast
2. CWC participants group meeting
3. CWC Group members having a BBQ at Port Mac



"I love being here, no one judges you and everyone wants you to do well, for the first time in a long time I am feeling more confident about my recovery"



The effectiveness of the CWC program has led to additional funding being provided to service providers for Access Enabler activities. Through this new Access Enabler funding stream, Skylight received additional regional loading to provide outreach support to eligible participants residing in outer regional, remote, and very remote communities within Murray Mallee and Limestone Coast regions. Regional loading funding ensures there are no gaps in service delivery for people requiring psychosocial and service access support in those communities.

"Country Wellness Connections has enabled Skylight to expand services and employ new service delivery staff, enabling the program to further expand existing capacity and create outreach services to bring the program to regional centres throughout the Murraylands and Limestone Coast," said the Skylight Country Wellness Connections Team.

"CWC is now available in six regional locations in addition to services from its offices in Murray Bridge and Mount Gambier, with more locations planned."

In 2021, Skylight also provided extended services into the after-hours period (after 6pm on weeknights and between 8am and 12pm on Saturdays) to increase access and help alleviate wait times for these services. These activities aim to increase the amount of accessible and effective services appropriate for people whose health condition cannot wait for treatment or find it hard to access care services in regular hours. Afterhours groups include 'Active and Social' and 'Learn and Discover' groups as well as 'Come and Try' activities to support participants to engage or re-engage with others. These can take place as part of centre-based programs, or outreach activities in the surrounding local area.

CWC clients can also apply for assistance through the National Disability Insurance Scheme (NDIS) where CWC supports are not enough to meet a person's mental health and psychosocial support needs. Intensity of support and the possibility of linkages to other appropriate clinical and non-clinical services are considered in line with a flexible stepped care approach.

Michael's Journey

"When he came out of hospital his brother offered him a drink and he said no because he said he knew if he took one, he would want more."

Michael, a 64-year-old Mount Gambier man, became a Skylight participant in November 2021. In a short time with the help of Skylight, Country Health Connect (CHC) and his Skylight peers he has significantly turned his life around. Michael's journey illustrates how service integration across the acute, secondary, and primary sectors can deliver the right person-centred care, in the right place at the right time to achieve positive mental health and wellbeing outcomes. While Michael's own commitment to improving his circumstances has been pivotal, his journey may also be attributed to the well-established communication, collaboration, information sharing and imbedded referral practices between Skylight and CHC that empowered and enabled Michael.

Michael has a severe mental health condition (and past comorbid alcohol use disorder) however is ineligible for the NDIS or My Aged Care. Michael came to the attention of CHC because of a hospital admission (including inpatient rehabilitation) resulting from the impact of heavy alcohol use. At the time of admission, Michael believed he had suffered a stroke and was shocked and dismayed to later find out that alcoholism was the cause of his ill health.

During his inpatient stay where he engaged with CHC, Michael advised that he felt very anxious

and ashamed. Michael attributed his high alcohol use to loneliness (heavy drinking at home alone each evening), having little social connection outside regular visits to his mother residing in an aged care home. The revocation of his driver's licence due to potential alcohol dependence resulting from his hospital admission was identified as a further contributor to his social isolation, and with no connection to services or supports, Michael was at high risk of continued social disconnection, ongoing alcoholism, and poor mental health. Michael however was highly motivated to make changes to his life and keen to engage with services that would help him achieve this post-discharge. Under the partnership arrangement, CHC approached Skylight to determine if Michael would be eligible for services and if so, facilitate access. Through formalised information sharing protocols CHC was able to provide Skylight with timely information to confirm Michael's eligibility for services and facilitate a warm handover.

Due to the responsiveness of both CHC and Skylight, Michael was able to receive a visit from Skylight prior to his discharge which was due to occur the following day. At the hospital visit a Skylight Support Worker was able to provide information on the CWC services and Michael signed up that day, with the comfort that he was moving forward with supports. Shortly post-discharge, a Skylight Worker conducted a home visit with Michael to discuss goals, barriers and service and support needs.

Following the development of Michael's recovery plan a short period of intensive one-to-one support is being provided to assist Michael make positive changes to his life and build his social connection and community participation. Michael has since engaged in and continues to attend a number of Skylight CWC groups, including the photography and art and craft groups and regularly attends individual 1:1 sessions. Michael has found the development of greater social connections are helping him to not be so hard on himself and view himself in more positive light, as well as learn new ways to participate in his community (working within a collective intelligence framework), having stated that prior to this he felt wasn't "living".

Skylight is also assisting Michael with transport to and from group activities due to both physical limitations and the loss of his licence.

Michael's engagement with Skylight is enabling him to develop social connections and new relationships that are already resulting in positive changes and a new narrative in Michael's life.

Also, since writing the case study we can confirm Michael has gotten his licence back and enjoys being able to go to the Riverland to visit his siblings, is enjoying some long walks and is actually "able to enjoy life" – he does not engage with our 1:1 services any more but still loves joining and being involved in our group space.



Suicide Prevention



We Are Men

We Are Men uses the most powerful and ancient tool of story telling to destigmatise men's mental health.

Focusing on connecting, engaging, and informing our communities Country SA PHN commissioned ROARA to create and deliver a digital campaign to assist in reducing the number of men who die by suicide and decrease the number of men who attempt suicide, while improving men's mental health literacy and confidence to seek help when needed.

ROARA knows the power of storytelling and its ability to change lives. Epiphany and Carl Mason travelled the world interviewing a person a day to produce the documentary 365 Docobites. They learnt from this experience the importance of connection and that people felt less alone sharing their story. They now work with lived experience people sharing their mental health journeys to do just that.

"Story telling is the most powerful and ancient way of destigmatising

an issue and making people feel less alone," said Epiphany.

"The difference between putting a statistic in front of someone versus story telling is profound.

We change minds with stories. We can all think of a time when a story has changed our perspective," said Epiphany.

ROARA's digital strategy used a 360-degree approach. The campaign content pieces connect with at-risk men in the region, funnelling them to a website with a

clear roadmap to support services and a loop back to a safe online social space for the community to connect - creating a holistic and effective approach.

Epiphany said recruiting six country South Australian men to share their own personal mental health stories for the digital campaign was a wonderful process.

"We easily found people who understood the power of storytelling. They have often been profoundly changed by storytelling themselves," said Epiphany.

Even though they may be scared and of course there is a level of hesitation and stigma they may be fighting off. They always show up. They know how important it is.

It's a joy to listen to them. They know how they can reach people through their lived experience and storytelling.

They're aware that even if one person is affected by their story and thinks okay, I'll go to my GP or even that I'm not alone, then they're helping to change lives."

Epiphany says when the participants spoke about their journeys, they spoke to their initial fears that

they had felt was stronger in rural communities. But then when they did speak, they often felt that this initial fear may be more of a social construct. When they did share their stories, they actually didn't face that stigma.

"Men are concerned men will think differently. But when you ask that same man how did you feel when someone else shared their story, they admired them and felt connected to them.

It's an interesting dynamic. We're not judging people, so we won't actually be judged," said Epiphany.

"Some of these may actually be residual fears. Now there is a lot of empowerment around mental health. We all have mental health."

Shane Oakville was one of the lived experience participants who shared his story to help others realise they're not alone.

"The more open people with illnesses or mental health problems are the more it takes the stigma away," said Shane.

"There's a big problem with pride and stigma in men and the more we talk about it the better it is for everyone else."

"I'm very positive about this. I've been through a pretty big journey, and I've come out of it with things that I have to look out for, but I'm doing okay overall.

The Country South Australian We Are Men initiative engagement was significantly higher than expectations. The campaign reached a total of 347,426 impressions in the region. ROARA's original target was 73,020.

Epiphany said in their experience the level of support was unprecedented. People really rallied around the participants. The content and the lived experience story telling really resonated with people.

"We had so many positive comments thanking our participants for sharing. It makes it so much easier for them to reach out. They look at our participants and think if they can speak out so can I. He looks like me, he has a job like me, a family like me, lives in a similar community. I can relate to him and if he can share this so can I. I can do it too."



"You've just got to stick with it. It's not a race."

Sean, Country South Australia



Dwyane

"Sometimes it's good to just let it all out."

Dwyane, Country South Australia

"We all feel things. We're all human."

Thomas, Country South Australia



Michael

"The first thing is, not to judge people."

Michael, Country South Australia



Thomas

"I talk to counsellors, read books, exercise."

Hayden, Country South Australia



Hayden

Shane's Story

"I had a mentor in the army that looked after us in my battalion for the first few months I was there. He came home one night, He was drunk, and I was sober, trying to tell him to shut up as you do. I woke up the next morning, and he had died.

After, I started getting really bad nightmares, and over the last 20 years, it got worse. I've gone through alcoholism, drugs, homelessness and I didn't see it as a mental health problem because I thought I had everything under control, but obviously, I didn't. At one point, I had to run 17kms to work because I couldn't even afford a bike. I realised I had to seek professional help. I didn't know I had PTSD until recently.

I think that men are always looked at as stronger and that we can handle it, and I think with men we'd rather keep things to ourselves. Obviously, that affects not only us but the people around us as well. I was losing friends and particularly family. Once I started using services like psychologists, my head-space got a lot better.

A lot of people think that asking for help is a big thing. But at the end of the day, it's the little things that count. My first step was a goal to save enough money for a TV. Would you believe it! I had nothing! And this was only eight years ago. Now I'm married, got my own house, car, it's completely changed around.

I engaged myself in community groups, and tennis associations,

just got myself a little bit more active and around people that were doing better than me. I'm a very passionate veteran, so I organised a dinner, raised \$20,000 for a new war memorial and things like that that bring smiles to other people's faces.

I still see my psychologist, and there's no shame in seeing a psychologist. At the end of the day, he's been wonderful. Conversation is the main thing. I feel that a lot of people with mental health problems sometimes aren't really honest with close contacts. I think shame comes into it. So I think it is sometimes better to go out and look for that professional help or get into a group where you know no one, and you can start afresh and be honest with them."



Hi Dwayne, good on you, love your post.

Dawn, Facebook comment

Hugs to you Mick. Depression, suicide and suicidal thoughts needs to be openly discussed so the stigma associated with it can be decreased.

Rob, Facebook comment

Mick you're amazing. Your bravery in sharing this story could translate to saving lives. It also makes others think about how one small act of compassion can change the course of someones life. I think men & boys. particularly in the regional and country areas are shamed into locking up their emotions. I see so much more emotional insecurity in the regional areas, even in women.

People carrying burdens as they are afraid of the backlash of sharing their troubles and traumas. I hope over the years that this is changing course as we learn to become a more tolerant and compassionate, educated society. Certainly people like you sharing our story will help. Bless you.

Kerrie, Facebook comment

Very brave to share mate. Good on you for being so strong.

Kevin, Facebook comment



Love you and your talent Tom, you are an incredible young man.

Janet, Facebook comment

You are an inspiration to many. Going above and beyond is evidence that you truly are amazing.

Bev, Facebook comment

So much gratitude to you for sharing your story thank you. More awareness is needed to remove the stigma currently attached to mental health. Again thanking you for being brave.

Debbie, Facebook comment

Population Health



Asthma Community Connector

A community-led asthma program helps Southern Yorke Peninsula residents 'Breathe Better on Yorkes'.

Country SA PHN funded Asthma Australia to develop a whole of community integrated model of asthma self-management known as the Asthma Smart Community to help people in the region 'breathe better' and tackle high rates of asthma in the area.

Asthma Australia drew on the expertise and success of a similar community driven and led asthma project funded by Country SA PHN in the Mid-North of South Australia at Peterborough, Jamestown, and Orroroo, to design this project for the Southern Yorke Peninsula. Initial feedback from people with asthma in the Mid-North was that they were mainly managing alone, feeling like they had to hide their condition, were 'allergic to their jobs' and wanted better information about managing their asthma. Asthma Australia tailored the Southern Yorke Peninsula project to specifically suit the community experience, effectively localising the service.

To localise the project, Asthma Australia focused on community and stakeholder engagement to learn about the community and individual needs. They employed several strategies to achieve this aim including:

Connected with local healthcare professionals (including Director of Nursing and Emergency Department staff of Yorketown hospital), community leaders, people with asthma, Aboriginal and Torres Strait Islander community members and health professionals.

Connected with the Yorke and North Local Health Network (YNLHN), Country SA PHN Community Collaborations Manager, Brenton Chappell, and the Practice Support team who assisted with introductions to Primary Health Care staff, Local Health Cluster members and General Practitioners respectively.

Created a local steering committee comprised of local representatives from the YNLHN, General Practices, pharmacies, the Yorke Peninsula Council, the Aboriginal Health Service, the Southern Community Hub, the local community transport service, and consumers.

Provided local primary health care professionals with evidence-based asthma information through events and educational activities.

Hosted community events and education sessions introducing the Mid-North Local Project Support (LPS) and Asthma Community Connector (ACC).

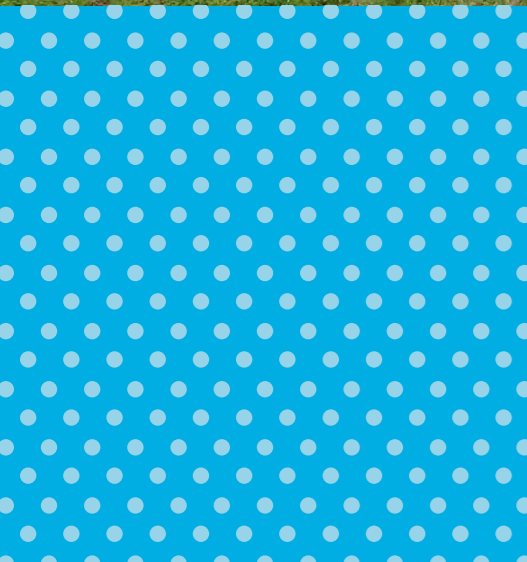
Promoted the project and recruited local champions to become the Southern Yorke Peninsula LPS and ACC.

Sponsored local sporting clubs, installing signage for football season.

Produced a Know the Community Report.



(Left to Right) Tim, Alyssa, Brian, Kerry and Lorraine at the Point Pearce Nunga Lunch



"I am so excited to know I am actually making a difference to people's lives. This is what the project is all about!"



Participant story

"We woke to Lilly having an asthma attack which led to us having to call an ambulance and Lilly spending the rest of the night in the Yorketown hospital. This was the first attack we have ever experienced, and it was truly terrifying," Lilly's mum Cara said.

"We are excited to have this new asthma project coming to us here on Yorkes. This is going to be such a beneficial service for anyone living with asthma to gain more information and awareness and can hopefully give us the tools to be better prepared in case this should ever happen again."

"We have been really excited to be able to take the learnings from the Mid North project to the Yorke Peninsula," said Asthma Australia's SA Projects and Partnerships Manager, Janine Phillips.

"This area was chosen as it is similar but has higher Indigenous and elderly populations, greater isolation, and higher asthma statistics.

We have been surprised and encouraged by the immediate and high levels of engagement with the project as people with breathing issues and other community members embrace our message of 'Breathe Better on Yorkes.'"

One of the keys to the success of the Mid-North Asthma Smart Community project, replicated for the Southern Yorke Peninsula project, was the appointment of an Asthma Community Connector

- a local support and contact point for people with breathing issues. Kerry Goldsworthy, a local with a long history of severe asthma, is the Southern Yorke Peninsula Asthma Community Connector. Kerry understands and shares many of the experiences people with asthma have.

As such, Kerry wants to help the community build an 'Asthma Smart Community', where people don't have to hide their condition and are confident to manage it. Kerry listens to the community and provides information, education, and resources, including 'Breathe Better on Yorkes' t-shirts which have been successful in starting conversations and raising awareness.

"I am so excited to know I am actually making a difference to people's lives," said Kerry.

"I've supported several people, who tell me that since their visits they feel much better, have asked their doctor for and been given an Asthma Action Plan and been referred to a specialist.

This is what the project is all about!"

"Employing a person with asthma as the local face of Asthma Australia is key to the project success, and we found just the right person, in Kerry as the Asthma Community Connector," said Janine.

"She's already connected with more than 40 people; including having regular visits to Point Pearce Community Health service."

Kerry operates out of offices in Minlaton and Yorketown and covers the area south of Maitland and Ardrossan.

Healthy Habits

Healthy Habits is a tailored program is supporting people to improve their health and wellbeing through individualised health coaching and healthy lifestyle groups with outstanding results.

FocusOne Health

Focus One Health supports people with the Healthy Habits program across the Riverland, Mallee, and Limestone Coast.

FocusOne Health's Healthy Habits activities included:

- Come and have a chat with: Roger Fielke, Mental Health Nurse, Dr James McLeod, GP
- Education session Health at Every Size, Berri Hotel, FocusOne Health's dietitian Holly Ranson examine the association between weight and health and look at why weight-loss diets fail

- Are you at Risk of developing Diabetes?
- Find out the answers to these questions and more in this interactive, cost-free education session presented by FocusOne Health's Dietitian Holly Ranson at the Berri Hotel
- "How do we men look after ourselves?"
- Roger Fielke and Dr James McLeod, facilitate a men's chat
- Yoga with Jo
- Supermarket Tour at IGA in Waikerie
- FocusOne Health Nutritionists Teresa Baker and Alyce Suckling took an interactive tour through IGA Waikerie
- Pilates with Jen in Mt Gambier

"I would highly recommend it, it helped me out amazingly, it was so good," said a Healthy Habits client. The mental health that came with the change in nutritional and physical behaviour has given me a more positive outlook and my mental health has improved since doing the program which has made a huge difference to day-to-day life. Thank you."

Of the clients who provided feedback

94%

indicated they were happy with the service they received all or most of the time

70%

reported an improvement to their nutritional behaviours

79%

feel comfortable to lead their own health journey after program discharge behaviours



FocusOne Health Walking Group



Men's Chat with Roger Fielke and Dr James McLeod

In 2021-2022 Focus One Health supported the following achievements

246

clients were supported through the Healthy Habits program

160

clients accessed 1:1 health coaching, of this number 57 have been discharged

40

clients accessed FOH Healthy Habits Dietitian services – many of these referrals are related to weight loss, diabetes, and pre-diabetes

115

clients participated in group sessions

37

clients accessed FOH Healthy Habits Nutritionist services



160

clients were provided with information about 16 different screening services, this occurs at the initial assessment. Any screening follow up is built into the client's care plan. Specific screening outcomes include (referred to GP for):

1

Sexual health screening

2

Well Women's Health Check

2

45-49-year-old health Check

3

Cervical screening

5

GPMP or GPMHTP

6

Referred to audiologist

6

Referred to optometrist

8

Bowel screening

8

Breast screening

12

Bone density screening

18

Skin check

20

General health follow-up



Dr Hamish Eske from Renmark Medical Clinic is encouraging his patients to link in with our Healthy Habits program.

"It's so important for your health to stay as active as you can. The FOH HH program can support you to make changes to your lifestyle, get active and improve your health"

Are you seeking support to create and maintain healthy habits in your life? Our Healthy Habits program might be a step in the right direction.

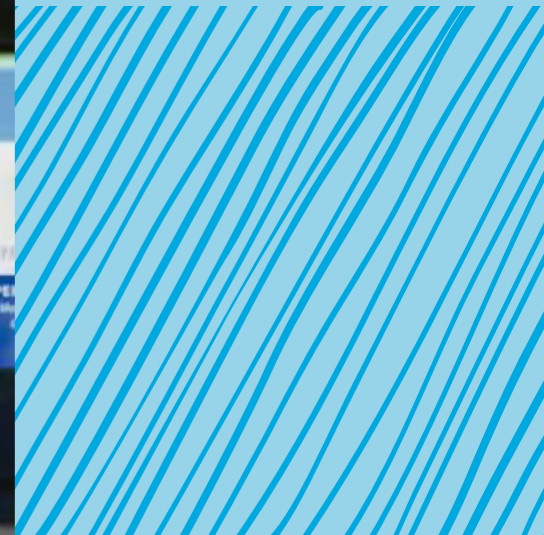


Dr. James McLeod from Renmark Medical Clinic understands the importance of diet and nutrition to support mental health. He is encouraging his patients to link with our Healthy Habits program.

"I am encouraging my patients to get involved with the FOH HH program. This program can help you get active, get your blood pressure down, lose weight, understand nutrition to change your diet or focus on your mental health."

Dr Torome & Dr Parsimei from Barmera Medical Centre walk their dog Cheza each day to support their health and wellbeing

"Our dog keeps us active. Taking him for a walk every day is great for our blood pressure and mental health"



Sonder

In 2021-2022 Sonder supported people living in regional communities including Gawler, Barossa, Kadina, Clare, Port Pirie, Port Augusta, and Port Lincoln to achieve their health goals through the Healthy Habits program.

Sonder's Healthy Habits sessions included:

- Healthy Habits Walking Group
- Back to Basics Nutrition presented by nutritionist
- Is gut health and mental health linked? Session presented by nutritionist
- Health at every size Zoom session
- Healthy Habits Men's Chat
- Are you at Risk of Developing Diabetes? session

Feedback

Healthy Habits participants have positive feedback about the program. One participant said "I have taken back control over my life. Highly recommend for people looking to turn their lives around. I enjoy gym so much I will be attending for the rest of my life."

Another participant said, "It felt like I was welcome and not out of place! I wasn't the only older, unfit, and overweight person there and the banter with all the staff and clients I saw on my first visit – and now enjoy myself – made me feel this was a good, positive step forward."

"I didn't feel patronised or scolded, which I kind of thought I might do. I have felt like I belong, am encouraged, and gently pushed to do my best. I believe that this service is a fantastic place for people in my circumstance to start making a positive step forward to improved health, well-being and a more positive and energetic outlook."

"Having the incentive of some free sessions not only made it more accessible – it made it feel like I was doing the right thing – that this was something designed and intended for people like me."

The Healthy Habits program is facilitated by local allied health professionals including exercise physiologists, dietitians, and physiotherapists. Kate Cmrlec, Accredited Exercise Physiologist and owner of ProActive Health Eyre and Yorke Peninsula said, "Running the Healthy Habits program on the Eyre Peninsula/Port Lincoln was a huge success."

The majority of participants had positive outcomes and feedback on the program including the education they received and activities they did.

They loved making connections with other group members and the 12-week structure allowed them to make healthy habits become routine.

"From a business perspective I was able to make connections with other allied health providers within the area and also continue seeing clients who completed the program in other funding streams, building a healthy clientele base."



Sonder Healthy Habit participants

From June 2020 to 2021, Sonder's Healthy Habit's program supported 308 people to make significant improvements in physical activity and nutrition behaviours through the delivery of 35 group programs, 457 individual allied health appointments and 109 wellbeing coaching appointments.

Of those who completed the program

91%

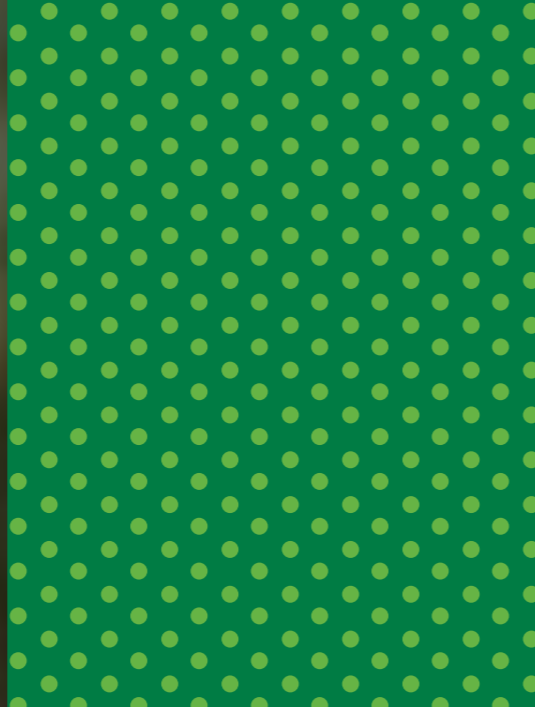
improved or maintained their nutrition behaviours

70%

increased or maintained their physical activity levels



Sonder Healthy Habit participants



Community Collaborations

Local Health Cluster grants

Local Health Cluster grants deliver meaningful community outcomes

This year the Local Health Clusters took the opportunity to apply for grants to commission worthy projects in their communities.

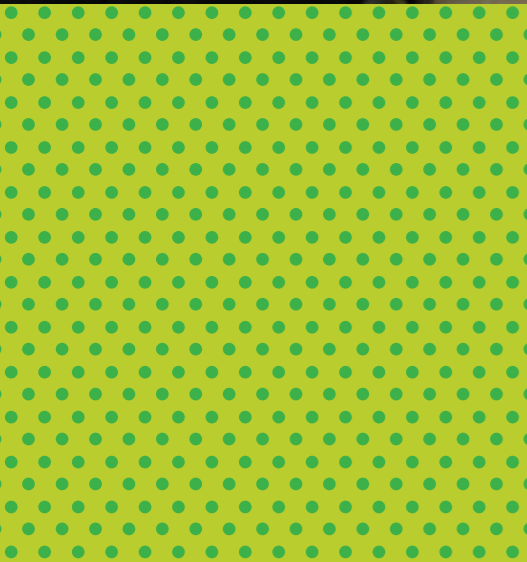
“The diverse range of activities that the grant recipients engaged is testament to the importance of local communities making local decisions about what’s needed in their own

communities,” said Country SA PHN Community Collaborations Manager, Brenton Chappell.

“It’s important that we are empowering Local Health Clusters to self-manage and engage in these kinds of unique activities that directly benefit their own communities. Country SA PHN is proud to continue to support the clusters in their own individual endeavours.”



Participants at the Three C's Conference



“Mentally Fit Eyre Peninsula is like an octopus connecting us together. The topics covered really hit the mark. More deeply understanding others was so beneficial. It helped me contextualise all that I already knew, what I need to learn, avenues of support, collaboration, and connection in the industry.”

Three Cs Wellbeing Conference

A small grant promotes connectivity, connection, and collaboration with the 3 C's Conference – encouraging self-development and empowerment to support collective community wellbeing.

The Lower Eyre Local Health Cluster and their partners built on the momentum of their inaugural 2021 event to hold a second Three Cs Conference in 2022. It focused on the highly effective work of Mentally Fit EP (MFEP) in promoting community-driven solutions.

Increased access to mental health support services in rural locations is required to assist the gaps in rural mental health support. However, there is also evidence that preventive approaches, such as building community connectedness are effective in promoting mental wellbeing. In the Eyre Peninsula region, this approach is being championed by West Coast Youth and Community Support through the MFEP program to promote self-development and strengthen communities to reconnect and support each other.

MFEP initiatives are driven by community, from community 'needs and wants.' The evaluation process

from 2021 has provided insight into some of these 'needs and wants' that can assist support and development. Support also continued from the Adelaide University Rural Clinical School for Research and Evaluation.

“The Lower Eyre Local Health Cluster continues to connect and support these groups with more professional development and connection for planning and sharing of resources in 2022,” said Lower Eyre Local Health Cluster Chair, Dr Pascale Dettwiller.

“As well as supporting members of these groups to look after their community and own wellbeing utilising a variety of approaches.”

The conferences were designed in response to the community highlighting their challenges with mental health and wellbeing. MFEP has also noted an increase in people reaching out from other organisations as community need continues to rise.

The 2022 conference involved two days of information, education, breakout engagement and self-care wellness activities that can be replicated in smaller communities and one night of fun, connection, and networking.

MFEP's Lain Montgomerie said the conference focused on bringing the community together and lifting everyone up together.

“We wanted to highlight the empowerment that exists in our own communities,” said Lain.

“Everything we need is within us.

People are reaching out and tapping into that support a lot more.”

This can be a real boost and a benefit because we can look after each other,” said Lain.

This lack of anonymity in rural communities can often be perceived as a barrier to people sharing their mental health stories but Lain says this interconnectedness can also be a positive and major benefit.

“Everyone has a story to tell, and everyone has something to offer,” said Lain.

“We have a unique situation on the Eyre Peninsula.

Even though we are large geographically it's a very tight knit community.

Many of us know each other.”

Mid-North Local Health Cluster Calendar

At the conference and through their daily work MFEP continue to:

- Build trust
- Share their own stories
- Encourage people to realise that everyone has inspiring stories to share and knowing that those people will provide support
- Emphasise that people don't have to navigate things alone

The conference focused on lived experience and sharing stories and co-designing initiatives. This provided the opportunity to workshop grant writing and

maximise opportunity to leverage funding into the Eyre Peninsula region. The outcomes of previous initiatives were measured and evaluated to determine the impact these activities are having on their communities.

The conference survey respondents nominated the main reasons for participating in the conference included:

- connection with other similar groups in the community
- becoming aware of new skills and services

- discussing wellbeing
- understanding how to better use services for others in their communities.

Overall, there was a real interest in hearing what is happening in the community.

"Our community participants at the conference had a real lack of ego," said Lain.

"Everyone was just there with a great deal of good spirit and enthusiasm supporting each other and working together really well."

The Mid North Local Health Cluster (MNLHC) successfully applied for a grant to create and develop a health calendar promoting local supports and services. The health initiatives focused on the areas of Aboriginal Health, Aged Care, Mental Health, and Population Health with the aim of raising health literacy and local service awareness. The cluster's key target markets were families and the ageing.

The free calendar was distributed throughout the community, including general practices, hospitals, Councils and community groups and events and throughout the Mid North townships of Jamestown, Peterborough, Yunta, Orroroo, Booleroo Centre, Laura, Gladstone and Crystal Brook, Melrose, Wirrabara, Spalding, Wilmington, and Carrieton. The calendar was also promoted on social media, including providing further information on each of the monthly themes.


The Mid North community has an ageing population, above the state average. The demographic profile of Peterborough indicates significant levels of disadvantage when compared with the state average.

In the 2021 March quarter, the unemployment rate at a regional level was 7.2%. In 2016, the Aboriginal and Torres Strait Islander population at a regional level was 3.4% this is lower than the state average (except for Peterborough which was higher).

According to the Public Health Information Development Unit, 2018, 13% of South Australians have asthma, which is higher than the national average. Admissions to hospitals due to asthma in the Mid North are 45% higher than the South Australian average and are the highest figures in the country. As well as taking into account the region's health profile the MNLHC consulted with local health professionals to determine appropriate content.

The calendar helped the cluster to raise and build an expanded profile of the group within the community. It also created awareness about topical health literacy and wellness acting as a gentle reminder to encourage behaviour change in mid north communities. Overall, the calendar helped the cluster improve health and wellness awareness within their footprint. The concept was so well supported that the MNLHC has successfully applied to create a 2023 calendar.

The calendar helped the cluster to raise and build an expanded profile of the group within the community. It also created awareness about topical health literacy and wellness acting as a gentle reminder to encourage behaviour change in mid north communities.





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Perinatal Pilot Project

Upper Eyre Local Health Cluster grant funds pilot program to assist midwives to recognise and assist families with perinatal mental health.

Identified community concern about perinatal mental health and availability and accessibility of resources and support led the Upper Eyre Local Health Cluster (UELHC) to successfully apply to Country SA PHN for a grant to fund a pilot program to assist midwives to assist families at risk of perinatal depression and to break the cycle of generational trauma.

Pregnant women in Whyalla are allocated a midwife for their pregnancy but this care stops at eight weeks postpartum. The midwives reported that after this time, the women do not have continuing support or knowledge about available community-based support services as the midwives are also unaware. Postnatal depression can have adverse effects not only for the mother but also for the baby. Current literature discusses the importance of a community approach to health services for rural communities and that is where a network of knowledge about these services and supports can be utilised. A project advisory group was established including

community members, people with lived experience of perinatal mental health issues, the UELHC chair and members, and University of South Australia (UniSA) Department of Rural Health Academics Mental Health. There was no individual cost to the midwives who participated in the training, and it provided CPD in full credits on completion. The group developed a six-week module-based training program in partnership with Dr Lois McKeller, Associate Professor of Midwifery UniSA Clinical and Health Sciences and Dr Tiffany Lee De Sousa Machado, Lecturer Organisational Behaviour with the Village Foundation. The modules were based around the following:

- Know your population – Population health/social determinants/ socioeconomic for health for this group
- Identification of PND – Screening tools and how to apply them
- Comorbidity & risk factors – Risk factors for PND.
- Treatment options & where to go for help- How to escalate care, show clear pathways for escalation of care
- Partner – Support for themselves, how to support the mum, support groups etc.

To assist in creating a network of knowledge, the group worked with two UniSA Occupational Therapy students, Participatory Community Practice students, Alice Petchey and Nadia Hollinshead to: ‘develop a cohesive multidisciplinary network of services and support within the community regarding perinatal mental health that is engaging and accessible to women in the UELHC’.

Having someone who lives and works in a rural location co-facilitating the training was acknowledged as extremely important as they have the lived experience of the rural context, demographic and understanding of local issues. Also, the combination of midwifery and mental health knowledge was noted as being extremely beneficial in adding to the learning.

The evaluation reported that all participants agreed that the content specifically addressed their learning needs and agreed that the program contributed to their confidence, skills, and knowledge in providing care to women experiencing perinatal mental health challenges.

Overall, this PCP project was beneficial in identifying gaps in perinatal-specific mental health supports in the UELHC and improving the engagement with existing resources. It’s anticipated that this project will lead to improved outcomes for people living with perinatal mental health challenges. It is hoped that this program could be offered to midwives in other regions to support women and their families in communities right across country South Australia.

“I really, thoroughly enjoyed the program and didn’t think I would. It highlighted the insight and knowledge that I thought I had, which I didn’t,” said participant Jenny Bury. Awaiting approval

“What I will take away is a change in language – instead of using Postpartum Depression I will talk to women about Postpartum Distress.”

“I appreciated the section on Trauma Informed Care – I would’ve liked a little more exploration about this and to have it available for more staff.”

The more staff who do this program, the more they are thinking outside the box.”

The program should be mandatory, especially for all postgrads, via SA Health, Moodle, it should be mandatory. I just really enjoyed it all.”

“The webinars were well received by the nurses, midwives, and Aboriginal Maternal Infant Care (AMIC) workers who participated in the pilot education program,” said Lee Martinez.

“It is felt by many that the EPNMH Webinars are a valuable education resource that would benefit the majority of nurses, midwives and AMIC workers in rural areas.”

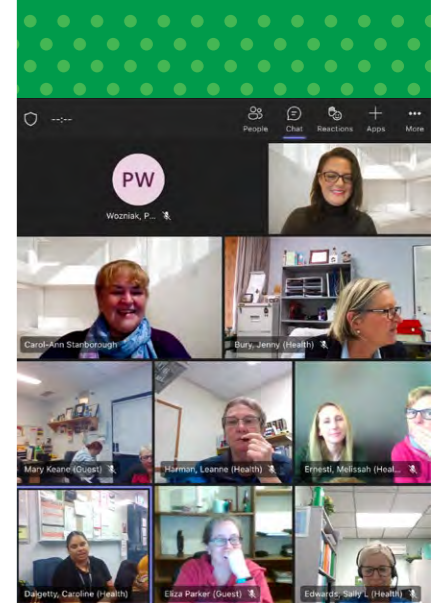
One member commented on how having the live facilitation brought real context to talk about things. Also writing the reflections was found to be very useful.

“It’s always good when people tell you a story” said one participant.

“The content wasn’t necessarily new to me, but I did learn about matrescence; and transition to motherhood.”

“Also, it was reassuring to have confirmation that what I was already doing was in line with what I was hearing in the modules”

“It is felt by many that the EPNMH Webinars are a valuable education resource that would benefit the majority of nurses, midwives and AMIC workers in rural areas.”



Data evaluation highlights

75%

found the program ‘very beneficial’ to their role with the remaining 25% finding it ‘beneficial’

75%

of participants rated the quality of the facilitation as excellent with the remaining 25% rating it as very good

67%

suggested that a combination of online face-to-face would be ideal

91%

Of the 12 who completed the post-survey, completed at least four sessions with 42% completing at least five

91%

found the online environment very/moderately effective for delivering the program – however there were some difficulties connecting at times

73%

identified some barriers to attending the course – mostly due to work commitments and not having protected time to attend

100%

agreed that the content specifically addressed their learning needs

100%

of participants would recommend this program to other practitioners

100%

participants agreed that the program contributed to their confidence in providing perinatal mental health care with 42% agreed that the program ‘significantly’ contributed to their confidence and the remaining 58% stating it ‘moderately’ contributed

Health Reports

Barossa Local Health Cluster grants have enabled the Barossa Council to gain a better understanding of homelessness and health literacy in the region.

The Barossa Local Health Cluster successfully applied to Country SA PHN for funding to commission the Barossa Council to produce reports on homelessness and health literacy in the region to provide a greater understanding of the issues.

“The reports produced as part of the projects provide extensive data and insights to these important issues for our region,” said Wayne Perry Barossa Local Health Cluster Chair.

“The reports have been provided to the Member for Schubert, organisations that form the Barossa Community Services Network and will be made available on the Clusters online platforms for other interested parties.

As well as providing a structured focus for the cluster to work on identified issues and gaps in service going forward, they will be a valuable resource for all relevant organisations for service provision planning and funding submissions.”

Homelessness in the Barossa

Most recent data from the South Australian Housing Authority shows 42 people were homeless in the Barossa in the last financial year, and that this has increased on average by 8.95% year on year since 2014, whereas population growth has averaged only 1.3% over the same period – suggesting homelessness in the area is increasing. Centacare data indicates that youth homelessness in the Barossa has increased as they have supported 30-40 young people aged 15-24 to date this current financial year.

Anecdotally, service providers indicated that homelessness in the Barossa is on the rise. The impact of COVID-19, the lack of affordable housing, and the increased cost of living were considered as factors. This is supported by data from service providers in the region such as Centacare and Lutheran Care and the results of the August 2021 Census.

At the time the report was commissioned, 44 children were known to be homeless (source Centacare) and Lutheran Care estimates there is an ongoing number of 30-40 homeless adults

in the Barossa and people were struggling to pay rent when COVID-19 eviction protections ceased. In addition, 1.6% of homes are overcrowded, and housing prices have increased 12.1% since 2014 (Source: Foundation Barossa Vital Signs Report, 2021). Other indicators increase the likelihood of homelessness including unemployment and under employment, mental health stress, addictions, and family violence, all of which are issues that tend to be stigmatized and therefore largely remain hidden.

This project aimed to better understand the following:

- The demand for homeless services in the region
- The services that are currently being provided and services that are underutilised or not being provided in the region.

The report provided a summary of currently available services, highlighted required services currently not being provided in the region, identified issues and the impact of delivery of the current homelessness model on the Barossa.

Opportunities for Service Improvement

- High fidelity use of the Housing First principles and resourcing
- Transport and access to homelessness services
- Increased access to local homelessness accommodation
- Increased availability of supported accommodation
- Data capturing to ensure statistics in the Barossa Region are accurately collected
- Improved response to Code Blue and Code Red Days

Report Recommendations

Immediate action to be taken to address the following:

- A local campaign to educate service providers and community about how to access homelessness services
- That funded transport services are accessible 24/7

Advocacy to governments and decision makers regarding:

- High fidelity program delivery with “Housing First” and “Safety First” principles
- Affordable Housing
- Community Housing
- Improved service provision for homeless adults aged 25 plus in the Barossa

The report prompted Centacare to start capturing the data on the number of homeless adults utilising their services. The Barossa Council has committed to spending \$1,000 to purchase 10 back packs (including

lightweight swags) for homeless people sleeping rough that will be distributed through Lutheran Care. Foundation Barossa approved a grant for Centacare, which includes 10 sleeping bags for couch surfers, three cooking sets for people in cars and swags for people sleeping rough.

Case Study Jayne Adult 46 years old

Jayne lived by herself in a private rental and had been gainfully employed for the majority of her adult life. Jayne had a supportive family interstate and had been employed in front-line tourism within the wine industry for 10 years. She had never needed to access government welfare or charitable support in her life.

During the COVID-19 Pandemic, Jayne’s position was no longer viable, so she became eligible for the Job Seeker payment of \$750 a week. This amount was able to sustain her rent and other necessary expenditure. Even after the lock down period Jayne was unable to secure employment in her field in the Barossa, she said “I apply for jobs every week, but only entry level jobs are available which pay the same as the COVID payment”. Jayne wanted to work in the field she in which was experienced so was waiting for a front-line wine/tourism job to become available.

When the COVID-19 payment was cut Jayne was still unemployed; the roles available in her chosen field were very competitive. At the same time, her landlord presented her with notice of an increase in rent or end of

lease. Housing prices in the Barossa, as everywhere.

“I get it, it’s their nest egg for retirement. I’ve spoken to a professional and they (landlord) have done everything by the book and given me three months’ notice,” said Jayne.

“I can barely afford the rent now; I simply can’t afford it. I’m going without food and have cut the internet with the current rent. I have never missed a rental payment.”

Two and a half months before the end of the lease Jayne started planning for the possibility of becoming homeless. She sought information about shelters and emergency housing. She received some support from service providers, including advice about the government-funded no-interest loan scheme (NILS). She continued to apply for jobs. Jayne’s work skills and personal relationships were in the Barossa Valley, she did not want to leave. She wanted to go back to what it was like before the pandemic.

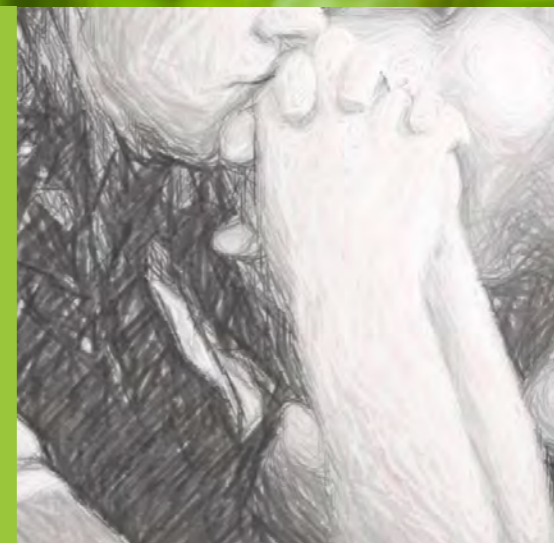
Three days from potential homelessness at end-of-lease, Jayne said “I was desperate”. She was looking at a cheaper storage facility for her belongings in the city. She said, “NILS won’t cover the removal cost and the bond for a new place – I don’t know what to do”.

Finally, a friend of Jayne’s, seeing that she was desperately needing support stepped in and gave Jayne a place to stay and a place to store her furniture until she could get a job in her field.

Foundation Barossa approved a grant for Centacare, which includes 10 sleeping bags for couch surfers, three cooking sets for people in cars and swags for people sleeping rough.



Jayne provided feedback about her experience: “I thought I had time, and I didn’t expect rentals to be so expensive, I thought I’d be able to work something out as I’ve always done, it (homelessness) snuck up on me.”



Health Literacy and Access to Health Information in the Barossa

Health literacy relates to how people access, understand and use health information in ways that benefit their health. People with low health literacy are at higher risk of worse health outcomes and poorer health behaviours.

Enabling patients, families, and carers to understand and manage their health is a key to improving quality of life and reducing the impact of disease. It is essential that barriers to taking control of their own health are identified and removed.

The Barossa Local Health Cluster has identified that people in the Barossa tend to have “low health literacy”. This perception is backed by anecdotal evidence from service providers and health professionals. An online survey provided data about how people access available health information. The survey was complemented with focus groups.

The report showed that health information is in demand with nearly a quarter of respondents stating they needed more health information to maintain their health. People most frequently rely on their general practitioner for health information. 95% of respondents trusted or highly trusted the quality of the health information they receive from their General Practitioner.

62% of respondents used the internet to search for specific information; just over half of this population are likely to trust this information (depending on the website that was accessed). The Health Direct website was considered the highest quality with 89% considering the website was average or above average.

In the previous 12 months, 58% of respondents had not used health directories.

Knowledge of availability of health services presents as a significant gap. Nearly a third of respondents indicated the health system is

somewhat difficult, very difficult or impossible to navigate.

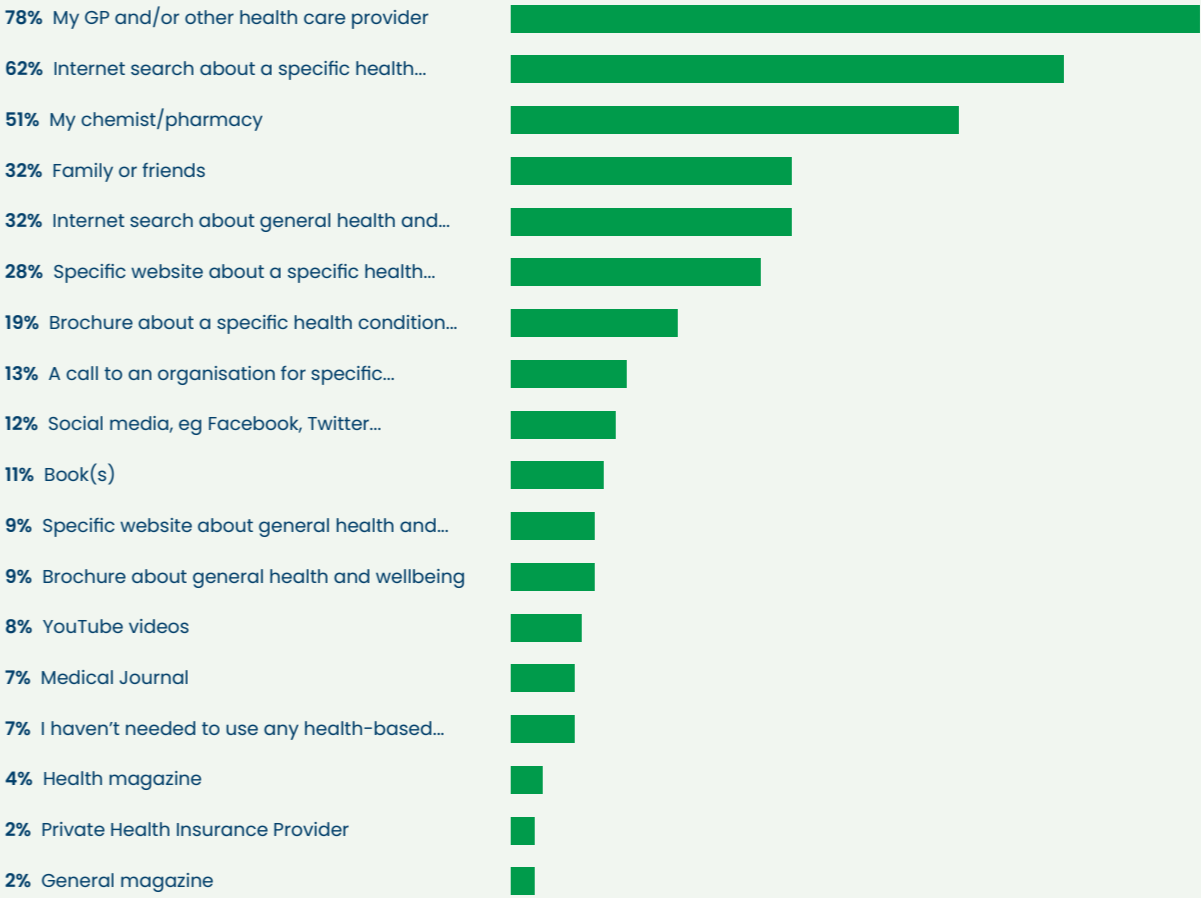
Commentary from the survey and feedback from the focus groups showed a desire for an increase or improvement in services.

The report’s executive summary stated:

“(There) is demand for more health information that is high-quality and available in both hard copy and online media. People who are concerned about their health seek timely access to resources through their most trusted source, which is most often their General Practitioner or Pharmacist.

Further work to direct people to convenient but appropriate sources of information for their needs and promoting existing quality health information sources through local trusted sources could have positive impacts on the health literacy, and ultimately the health of Barossa residents.”

Where people got their health information in the past 12 months





Reconciliation Action Plan

Our Reconciliation Action Plan artwork by Shane Cook – a proud Wulli Wulli and Guwa (Koa) descendent from Queensland

Reconciliation Action Plan

A significant number of South Australia's Aboriginal and Torres Strait Islander population resides in rural and remote areas of the state. Aboriginal and Torres Strait Islander people are an important part of country South Australian communities – enriched and enriching in a diverse range of histories, experience, culture, and languages that form part of our collective perspectives.

Country SA PHN recognises Aboriginal and Torres Strait Islander peoples as the first Australians, and we celebrate their diverse culture and heritage. We are committed to reconciliation and building respect, relationships and understanding between Aboriginal and Torres Strait Islander people and other Australians. We do this in our personal and professional spheres of influence. As an organisation we have a shared commitment to empower Aboriginal and Torres Strait Islander people in country South Australia to live healthy lives.

To embed the principles and purpose of reconciliation and assist our actions, we embarked on our Innovate RAP in 2019. As Reconciliation Australia explains RAPs enable organisations to sustainably and strategically take meaningful action to advance reconciliation.

Reconciliation Action Plans promote a framework of relationships, respect, and opportunities for implementing reconciliation action.

Based around these three core pillars – relationships, respect, and opportunities – individuals, organisations and communities can provide tangible and substantive benefits for Aboriginal and Torres Strait Islander peoples – increasing economic equity and supporting self-determination.

Establishing and maintaining a committed and active Working Group in 2019, this group worked with the whole of the organisation to create our Reflect RAP. Country SA PHN then embarked on our Innovate RAP in 2021.

Our Innovate Reconciliation Action Plan Champion is Country SA PHN Chair of the Board of Directors Dr Simon Lockwood.

Country SA PHN's reconciliation activities throughout the 2021-22 year include:

- NAIDOC Week – Organisation wide promotion including posters in office sites and communication, design and facilitation of staff led events throughout the week including activities to research and share information of country where people lived and worked, online quiz, promotion of resources, and films to watch and discuss in teams.
- External promotion of NAIDOC Week with email banners and RAP artwork displayed on video call background
- Utilising online and virtual mechanisms in lieu of face to face opportunities for both Country SA PHN activity with Aboriginal and Torres Strait Islander Organisations, and for internal staff access and participation in ongoing cultural learning activity



1. Anthea Kemp at Moonta NAIDOC Week Event
2. headspace Murray Bridge Mural – funded by CSAPHN
3. Mile End office cleansing ceremony. (Left to Right) Kelly, Bernie, Michael O'Brien, Kim, Julie and Sarah



Country SA PHN recognises Aboriginal and Torres Strait Islander peoples as the first Australians, and we celebrate their diverse culture and heritage.

- Following the final endorsement and submission of the Reflect RAP, Country SA PHN committed to embarking on the establishment and planning for the Innovate RAP as part of one of the five dimensions of reconciliation – Institutional Integrity
- Another of the five dimensions of reconciliation – Historical acceptance and race relations – Country SA PHN committed to the delivery of cultural sensitivity and respect training for staff, country South Australian General Practices and service providers as part of Historical Acceptance and race relations, another of the five dimensions of reconciliation
- The artwork created by Aboriginal artist, Shane Mankitya Cook for our Reflect RAP continues to be successful in visually communicating Country SA PHN's commitment to reconciliation with stakeholders and community. This takes many forms including video conference backgrounds, collateral, and office displays. The artwork regularly ignites discussion across our stakeholder group about our commitment to our RAP and the broader aims of reconciliation
- Raised broad awareness of reconciliation through social media and on our website, including recognition of Mabo Day and National Sorry Day
- National Reconciliation Week – created and disseminated through our social media channels and

- on our website a video where RAP Working Group members shared their reflections on reconciliation and their journey as part of the Reflect RAP Working Group
- Finalised, endorsed and distributed a formal acknowledgement for all staff to follow when meeting internally or externally
- Compiled and discussed with staff an Aboriginal and Torres Strait Islander preferred procurement document for Country SA PHN to adhere to
- Organised and observed a traditional Cleansing Ceremony performed by Michael O'Brien at Country SA PHN's new Mile End office on 7 October 2021. The office building was also spiritually cleansed by Debbie
- RAP artwork formally took pride of place at Country SA PHN's Nuriootpa office with artist Shane Makitya Cook's story of the artwork and a plaque informing and affirming our organisation's commitment to reconciliation to all visitors to the office. The artwork also serves to welcome all Aboriginal and Torres Strait Islanders.
- Prints of Shane's artwork were also proudly displayed at our Mile End and Mount Barker offices.
- The Country SA PHN Primary Care and Digital Health Support team was approached by patient education organisation Healthily to contact country South Australian

- General Practices to promote positive health information and reminders to the community using text messages direct to patient's mobile phones – initially to encourage the appropriate cohort to consider being vaccinated against Shingles. This successful campaign was followed by others including the Aboriginal and Torres Strait Islander people COVID-19 Vaccination campaign. This involved engaging community leaders to share culturally appropriate and motivating video messages with their communities, discussing the importance of getting vaccinated against COVID-19.
- Country SA PHN staff visiting Yadu Health Aboriginal Corporation in Ceduna
- The creation and dissemination of the remarkable patient health journey of an Aboriginal man, Uncle Adrian Ware, now living as a cancer survivor on Country. Adrian is a client of the Yadu Integrated Team Care program, funded by Country SA PHN
- Country SA PHN continued to fund, support, and collaborate with Aboriginal Community Controlled Health Organisations to effectively provide health programs for Aboriginal and Torres Strait Island people in country South Australia. These include Chronic Disease Management, Workforce Support, Ngangkari Services, Mental Health and Alcohol and other Drug Services and Health Navigation.



1. Julie Di Rito at the SA Aboriginal Football and Netball Sports Carnival
2. Cultural Sensitivity and Respect training presented by Bookabee Australia
3. Country SA PHN and Service Provider Integrated Team Care Forum

RAP Champion Statement

Simon Lockwood, RAP Champion

I am pleased to have the opportunity as the Chair of Country SA PHN to have a role in supporting and promoting the Reconciliation Action Plan of our organisation across country South Australia.

Reconciliation is a process with the aim to bring together Aboriginal people and non-Aboriginal Australians. It means working to overcome the division and inequality between Aboriginal and non-Aboriginal people. In our domain this means working to overcome the very real differences that we see in health outcomes, living standards and life

expectancy with Aboriginal people, and also acknowledging the scourge of racism and prejudice.

As an organisation we have the capacity and will work to promote reconciliation through our relationships with Aboriginal Community Controlled Health Organisations and other programs which are focussed on improving Aboriginal and Torres Strait Islander health outcomes across the state.

Our plan will assist us to maintain focus on the important work of reconciliation by improving relationships and addressing disadvantage. Only once we have reconciled the past can we walk together into a shared future.

Helen Exley, RAP Working Group member

For me while I've been connected with the work that we do with Aboriginal and Torres Strait Islander people the actual process has allowed me to reflect on my own practice – how I behave, how I think and being able to do that journey within the organisation has allowed the opening of discussions around that and bringing those thoughts and thinking out to the fore which has enabled conversations with other people in the organization which is helping a group think and a consideration to look at what reconciliation could be, should be and how we can be facilitators in that.



Reconciliation Action Plans promote a framework of relationships, respect, and opportunities for implementing reconciliation action.

Our plan will assist us to maintain focus on the important work of reconciliation by improving relationships and addressing disadvantage



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phn
COUNTRY SA

An Australian Government Initiative