

## Prioritised regional needs for Outreach services 2022/23

Throughout the 2021-2022 service delivery period, Regional Coordinators have worked in partnership with a broad range of stakeholders to identify and prioritise health service needs in their respective regions across the state. These service needs have been used to form a regionally endorsed list of proposed Outreach services.

The Regional Health Priorities Summary and Outreach Service needs were developed in line with current and relevant needs assessments including PHN Needs Assessments, Health Workforce Queensland Health Workforce Needs Assessment, Queensland, and Chief Health Officer Reports. To understand the level and priority of need, we utilise several techniques including:

- Stakeholder consultation to understand and ratify needs.
- Service gaps identification through service mapping of non-outreach funded/funded services.
- Monitoring service delivery through stakeholder consultation and monitoring of data in provider Outcome Reports (ORs).
- Utilise contract variations in response to changing/emerging service needs.

### Stakeholder consultation and engagement

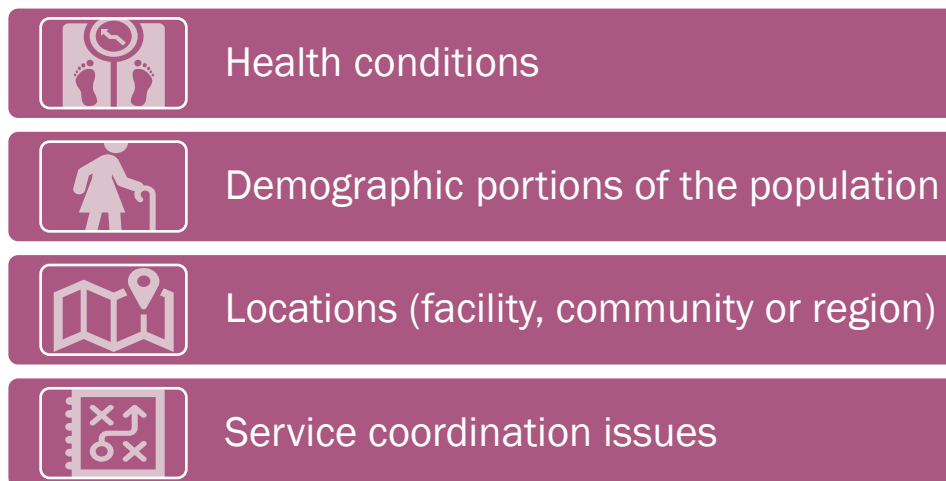
CheckUP has consulted broadly and ensured the views and expertise of Aboriginal and Torres Strait Islander people, communities and organisations are an integral part of the service planning process.

The following groups have been consulted as part of the Needs Assessment / health service planning process:

- Primary Health Networks (PHN)
- Hospital and Health Services (HHS)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Aboriginal and Torres Strait Islander Community Controlled Health Organisations (AICCHO)
- Community Advisory Networks (CAN)
- Department of Education
- Health Consumers Queensland (HCQ)
- Health Workforce Queensland (HWQ)
- Royal Flying Doctors (RFDS)
- Hearing Australia (HA)
- Local Councils
- Community Organisations; Police Citizen Youth Club (PCYC), Neighbourhood Centres, Lifeline, Blue Care, Salvation Army, Smith Family, Red Cross,
- Diabetes Australia National
- Queensland Alliance for Mental Health
- Outreach Providers

## Methodology

Regional briefs are summaries of key issues and proposed Outreach strategies to address them. The regional briefs form a key part of our Outreach Activity Plan and are the culmination of CheckUP's regional engagement activities throughout the year. The development of regional briefs involves the review of relevant literature, site visits, and ongoing engagement with relevant stakeholders throughout the year to capture local health priorities & identified perceived level of need.



*Figure 7: Categorisation of Outreach service priorities*

The purpose of the regional brief is to provide a foundation for CheckUP's understanding of local health priorities and issues relevant to the Outreach programs at a regional level. They ensure that the distribution of Outreach program funding aligns with the areas of greatest need.

Our regional briefs follow the following framework:



Update on regional priorities and Outreach strategies for 2021/22

Medical Outreach Indigenous Chronic Diseases Program (MOICDP)				
REGION	PRIORITY HEALTH NEED/S	2021/2022 STRATEGY	STATUS	UPDATE/COMMENTS
Far North Region	<p><b>Paediatric, Child and Youth Allied Health Services</b> Mossman, Mareeba, Innisfail, and surrounding communities</p>	<p>Mossman, Daintree, surrounding communities: Targeted recruitment commenced and appointed some allied health specialist for this region.</p> <p>Innisfail: Due to the high demand and long waitlist, evidenced by Mamu Health Services and Dr Rod Catton, CheckUP was able to engage and contract a local paediatrician from Cairns Doctors (Barr Street) in providing fortnightly outreach services to Innisfail.</p> <p>CheckUP monitored this service for a potential increase in visits to address the waitlist.</p>		<p>Innisfail has good attendance rate with 54 patients seen in 4 visits.</p> <p>Newly established Mareeba visits implemented are being monitored.</p>
North and Northwest Region	<p><b>Paediatrics, Child And Youth Dietetics</b> Palm Island: High prevalence of paediatric diabetic cases as young 10-year-old and Iron deficiency disorders.</p> <p><b>Child And Youth Allied Health</b> Normanton, Doomadgee, Mornington Island: Increasing demand for CYAH, specifically</p>	<p><b>Paediatrics, Child And Youth Dietetics</b> Palm Island: Working closely with key stakeholders, like Palm Island Community Company (PICC), Townsville University Hospital, The Northern Queensland Primary Health Network (NQPHN) and the local community to identify key service providers that collaborated to implement a holistic approach which involved the parents, schools, and stores on Palm Island. Provider not identified at time of 2021/22 plan development.</p> <p><b>Child And Youth Allied Health</b></p>		<p>Paediatric dietetics were included in the 2021-22 plan for PI. A provider was subsequently recruited and as of 21<sup>st</sup> February 2022, 9 of 20 visits have been delivered with an average of 5 patients seen/visit. Referral pathway implemented but needs reviewing by admin staff to ensure adequate number referrals - COVID has also impacted delivery</p>

	<p>for occupational therapy, physiotherapy and speech pathologist is higher than the state average number of development delays in children across the region.</p>	<p>Work with local service providers/key stake holders to increased access to key priority locations such as Doomadgee, Normanton &amp; Mornington Island. (Initial scoping is underway to understand the breadth of need. The due diligence process has commenced)</p>		<p>of this service, but provider happy to continue.</p>
<p>Central and Central West Region</p>	<p><b>Mental Health (Early Prevention) And Service Integration</b> Woorabinda: Mental health and Chronic diseases are both identified as high needs for this complex community. Many services are providing services to Woorabinda; however, Service Integration is not working well currently.</p>	<p><b>Mental Health (Early Prevention)</b> Woorabinda: Mental Health – Early discussions between CheckUP and Central Queensland, Wide Bay, Sunshine Coast Primary Health Network (CQWBSCPHN) to discuss co-commissioning with current Mental- Health Providers.  <b>Service Integration</b> Woorabinda: Reconvene the Woorabinda Health Working Group. Improve collaboration and strengthen relationships between Mental Health Providers, Yoonthala Health Service, Central Queensland Hospital and Health Services, and other community stake holders to improve current referral pathways and address challenges impacting wait times, absenteeism, and low occasions of service per visit.</p>		<p>PHN and Yoonthalla services established mental health worker roles, however not likely to have travel covered for FY 2022-2023. This remains a need for community.  Service Integration is still a challenge and work in progress for Woorabinda, due to variety of factors (e.g., short staffed/ high turnover of staff at the hospital, COVID priorities.) Monthly meetings occur with Yoonthalla Services and offered opportunity to work with internal (CheckUP) and external stakeholders (e.g.,</p>

				Deadly Ears, LTTS) to assist with service coordination and establishing relationships. (Refer section of central Queensland for more details.)
South and Southwest Region	<b>Diabetes Education</b> Warwick, Oakey, Dalby, and Goondiwindi: Identified as hot spots from the National Diabetes Service Screen (NDSS) diabetes map and stakeholder feedback. South Burnett region also rated very high on the NDSS map.	<b>Diabetes Education</b> Warwick, Oakey, Dalby, and Goondiwindi: Stakeholder collaboration between Diabetes QLD, Western Queensland Primary Health Network (WQPHN) and CheckUP are working closely to align current Diabetic Education services and strategies in place to support Diabetes Services into the whole region		Continuous collaboration between CheckUP, Diabetes QLD and WQPHN is ensuring community needs around diabetes education are being prioritised in these regions.

MOIDCP – Ophthalmology				
REGION	PRIORITY HEALTH NEED/S	2021/22 STRATEGY	Status	Update/Comments
Far North: Thursday Islands and surrounding Islands Cape Region Southeast	Ophthalmology Service Gap	Thursday Island: Working with key stakeholders such as Torres and Cape Hospital and Health Service, key Ophthalmologists, and community members to address Ophthalmology service need and surgical pathways.  Cape Region: Optometrist will be visiting all 12 communities in the Cape Region twice a year to prepare and triage for the Weipa Surgery list		IEHC worked with an Ophthalmologist who offered to fill a need on Thursday Island. Conducted an orientation visit in Sep 2021 with a follow up visit in Mar 2022. Has been some delays due to staffing

		<p>South West: Amber status</p> <p>Darling Downs HHS and South West HHS:</p> <ul style="list-style-type: none"> <li>• Bottleneck of patients at Toowoomba</li> <li>• Seen as patient choice as to where they want to go</li> </ul> <p>Barriers include:</p> <ul style="list-style-type: none"> <li>• Dr Rodwell's clinic in Roma is on a Saturday</li> <li>• Transport is a perceived issue from Dalby to Roma</li> </ul>	<p>issues on the Island and Covid-19 concerns.</p> <p>Cape Region: 2 visits are on track for an Ophthalmology team to delivery surgery in Weipa. A non-funded surgical list was conducted Nov 2021.</p> <p>South West: The consensus amongst patients and staff is that access to cataract surgery is quicker via Roma than Toowoomba hospital. Roma is around 3 hours away compared to one hour to Toowoomba. There is a little confusion around whether Dalby residents can access this pathway or not.</p> <p>Meeting convened with stakeholders including EESS Coordinator for plan of action to streamline timely access. Goondir Health Services has been encouraged to take the lead to ensure sustainability and capacity building is foremost to enable a supported solution for all stakeholders involved in the patient journey.</p>
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RHOF				
REGION	PRIORITY HEALTH NEED/S	2021/22 STRATEGY	Status	Update/Comments
Far North Region	<p><b>Allied Health and Pain Medicine</b> Mareeba, Dimbulah, Atherton, Malanda, and Ravenshoe: Occupational Therapy and Speech Pathology Croydon, Georgetown, and Forsyth: Podiatry.</p> <p><b>Pain Medicine</b> Cairns Hospital and Health Service Fast Track Pain Medicine Allied Health Team funding has not continued communities no longer receiving outreach allied health pain services.</p>	<p><b>Allied Health</b> Mareeba, Dimbulah, Atherton, Malanda, and Ravenshoe: Recruitment underway with local providers.</p> <p><b>Pain Medicine</b> Work with key stakeholders such as the Statewide Clinical Persistent Pain Network to ensure a gap of services is met through new models of delivery work.</p>		Still no interest to deliver Obs/Gynae services in this region- will continue to scope this
North and Northwest Region	<p><b>Maternity and Pediatrics and Women's Health</b> Mackay and Isaac Regions: Obstetrics and Gynecological outreach services will cease on 30 June 2021. They are leaving Clermont, Dysart, Moranbah, Proserpine, and Sarina without a specialist. Midwifery services have not been available in the Clermont and Dysart area since</p>	<p><b>Maternity and Pediatrics and Women's Health</b> Mackay and Isaac Regions: Expressions of Interest to be circulated and local private providers engaged.</p> <p><b>Allied Health and Continence Nursing /Advisory</b> Work with key stakeholders to assist local health providers in recruiting and retaining Allied Health Professions, upskilling for continence qualifications, and addressing short term gaps with an Outreach service until recruitment for local allied health solution has been secured.</p>		Still no interest to deliver Obs/Gynae services in this region – will continue to scope this

	<p>the resignation of the previous midwife.</p> <p><b>Allied Health and Continence Nursing/Advisory</b></p> <p>Northwest and Central West Communities: Growing demand for Aged Care services across the Northwest and Central West Region. Continence services into Central West have been vacant for 12 months. Allied Health attrition rates with local providers high, and recruitment in some critical locations delayed.</p>			
Central and Central West Region	<p><b>Mental Health, Chronic Disease, Pain Management and Women's Health Services</b></p> <p>Kilkivan: Physiotherapy, challenges recruiting a new provider. The service model in this community is currently under review with CQWBSCPHN, providers, local stakeholders.</p> <p>Bundaberg: Mental health high need for this region and <b>workforce shortages</b> for allied health, GP, and pain services.</p>	<p><b>Mental Health, Chronic Disease, Pain Management and Women's Health Services</b></p> <p>Kilkivan: Physiotherapy working with CQWBSCPHN, outreach providers, and community to create a more sustainable service model. Work in progress. CQWBSCPHN is leading this engagement.</p> <p><b>Pain management</b></p> <p>Hervey Bay: Work in progress with the provider and locating an appropriate facility for the service.</p> <p><b>Women's health service</b></p> <p>Blackall and Tambo: Expressions of Interest underway.</p>		<p>Kilkivan remains a priority community based on their unique clinic model. PHN funding to support booking person is only for another 12-18 months. See below Central Queensland section for further info and goals for FY22-23.</p> <p>Pain Management is still a raised concern for areas in Wide Bay and North Burnett. Provider was sourced for Hervey Bay (Addiction Sciences), however there were challenges finding an appropriate facility willing</p>



	<p>Maryborough: Occupational Therapy (mental health, child and youth and aged care), mental health, pediatric services (OT, mental health), podiatry (not had one for two years at Galangoor Duwalami Health Service).</p> <p>Hervey Bay: Pain management; significant opioid prescription rates and aged communities</p> <p>Blackall and Tambo: Women's health GP service has not been filled, leaving a gap in this service. Scoping and due diligence has commenced.</p>		<p>to support the service. Pain management funding ceased at the end of FY21-22, and limitations to RHOF MM2 locations has meant Hervey Bay could no longer be supported. To be reviewed based on funding and availability of appropriate provider/s in FY22-23, with potential change to base location (i.e., MM3-7).</p> <p>Women's Health Service is being progressed. Discussions between WQPHN, CWHHS and Blackall-Tambo Regional Council have been occurring and the new provider will be True Relationships &amp; Reproductive Health. There have been delays to starting service, however plan to have commenced before June 30 to allow orientation to communities and establish clientele.</p>
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South and South West Region	<b>Chronic disease; Cardiovascular and Allied Health</b> Darling Downs and South West: Access to visiting Cardiology and associated services.	<b>Cardiovascular</b> South West: limited access to visiting Cardiology and associated services, Initial scoping underway to understand the breadth of need. The due diligence process has commenced, working with local stakeholders to understand requirements and pathways, including Statewide Cardiac Clinical Network.		Scoping ongoing for 22/23 FY
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Healthy Ears				
REGION	PRIORITY HEALTH NEED/S	2021/22 STRATEGY	Status	Update/Comments
Far North Region	<b>Workforce</b> Torres and Cape Region: The identified need for an increase in the upskilling of Indigenous Health Workers to undertake primary hearing health screening.	<b>Workforce</b> Torres and Cape Region: Strengthen engagement process to support provision in Cape and Torres Strait region through improved integration with hearing health training organizations such as EAR TRAIN and CheckUP Gateway program to promote interest in the uptake of Indigenous Health Worker hearing training.		Still working towards this area of workforce improvements. Currently ACCHO's have 3 hearing health trained Aboriginal and Torres Strait Islander health workers across this footprint.
North and Northwest Region	<b>Coordination</b> Townsville Region: Coordination issue remains as patient numbers remain low due to a range of factors, including lack of transport and incorrect referrals.	<b>Coordination</b> Townsville Region: Work with Townsville Aboriginal Health Service (TAIHS) Senior Medical Officer and key primary health hearing staff to ensure criteria for ENT referral are met to avoid unnecessary referrals. Improved collaboration with Practice Manager to TAIHS key primary health hearing staff to enhance and address transport issues.		Referral pathway and criteria strengthened with information sessions delivered to GPs at TAIHS to reinforce ENT criteria A total of 11 patients have been seen with an average of 5/clinic seen  Successfully redirected underspend to employ an Ear and Hearing Coordinator at Mornington Island until June 30, 2022. A Healthy Ears

	Mornington Island - A combination of factors including Deadly Ears ENT services unable to visit in 20/21, referrals not being made and families juggling multiple appoints for visiting health services. HAP-EE services not in place.	Redirect funding from Deadly Ears undelivered services/visits to the coordination of hearing health services at a local level.		and Hearing collaboration was started in December 2021 with membership consisting of HAPPEE, Deadly Ears, Australian Hearing, Gidgee Healing, NWHHS, Check-Up, QAIHC and MIHC. Three meetings have been conducted to date
Central and Central West Region	<b>ENT Workforce</b> Rockhampton Hospital Health Service Catchment: ENT retirement in Rockhampton, having a flow-on effect to regional communities for outreach.	<b>ENT Workforce</b> ENT EOIs in place and will continue to work with relevant communities and stakeholders to ensure continuity of services.		Under review – Refer to mapping project
South and South West Region	<b>Audiology and Hearing Health Coordination</b> Cunnamulla, Charleville, Augathella, Mitchell, and Roma: Current Outreach Audiology Provider has ceased services into region. Coordination issues remain with visiting hearing services and local organisations as patient numbers remain low, and failure to attends remains high.	<b>Audiology and Coordination</b> Cunnamulla, Charleville, Augathella, Mitchell and Roma: Audiology service gap, scoping, and recruitment underway. Improved coordination and collaboration with all stakeholders who can contribute to better outcomes and increase coordination-active participation and leadership in the hearing is required. Working with key stakeholders such as Hearing Australia, Western Queensland Primary Health Network, and local health providers to engage in a locally led solution.		Under review – Refer to mapping project

VOS				
REGION	PRIORITY HEALTH NEED/S	2021/22 STRATEGY	Status	Update/Comments
Far North Region	<b>Optometry</b> Cape & Torres region: Retirement of current Outreach Provider.	<b>Optometry</b> Cape & Torres: region: Targeted recruitment of Ophthalmologist underway.		IEHC worked with an Ophthalmologist who offered to fill a need on Thursday Island and has already commenced visits
North and North West Region	<b>Optometry</b> Camooweal: service gap.	<b>Optometry</b> Camooweal: Targeted recruitment of optometrist complete and optometry services commenced.		Camooweal clinic is going great with additional time in community requested and approved due to successful uptake.
Central and Central West Region	<b>Optometry</b> Birdsville, Bedourie, Boulia, Service gap; Blackwater	<b>Optometry</b> Monitoring services after new optometrist commenced. Blackwater: Targeted recruitment of optometrist complete and optometrist service commenced.		First recruited optometrist completed and orientation visit July 2021 and did not return citing communication issues with PHC's in Birdsville, Bedourie, and Boulia. A replacement optometrist is planned an orientation visit for June 2022 with a view commence services directly after CW CAN community representative expressed dire need for this services to commence.
South and South West Region	<b>Optometry</b> St George, Chinchilla, and Tara: service gap.	<b>Optometry</b> St George, Chinchilla, and Tara: Targeted recruitment of optometrist complete and optometrist service commenced.		Changes in provider for Chinchilla and St George delivering these services has occurred based on host's feedback.

EESS				
REGION	PRIORITY HEALTH NEED/S	2021/22 STRATEGY	Status	Update/Comments
All MM3-7 locations Far North (Cairns/surrounds, Yarrabah, Mareeba, Cape York, and Torres Strait Islands) Central Region (Woorabinda, Bundaberg) North Region (Townsville/surrounds) South West (Toowoomba, Charleville)	<p>The consultation and needs assessment process uncovered various barriers for Aboriginal and Torres Strait Islander people, particularly those residing in rural and remote communities, accessing specialist appointments and surgical treatment. These identified barriers include, but not limited to, a lack of local access, extended waitlist times, lack of travel support, poor coordination of follow up care.</p> <p>CheckUP worked with ATSI CCHOs and referring providers to identify and prioritize longest waiting patients to ensure clinically recommended timeframes were not breached. This was particularly relevant during COVID-19, where some communities experiencing lockdown were unable to attend their specialist/surgical</p>	<p>The key EESS priorities identified for 2021/22 include:</p> <ul style="list-style-type: none"> <li>• Flexible funding enabling public, private and combination surgical pathway options.</li> <li>• Promote the 'group' surgery format, with carer and Indigenous Health Worker</li> <li>• Prioritization process that considers patient's wait time, geographic location, and attendance rates, to ensure they are prioritized on surgical lists, alongside urgent conditions.</li> <li>• Target and prioritize communities that fall within MM3 – MM7.</li> <li>• Regular review of provider contracts and negotiated fee structure, including Department of Health approval for EESS special arrangement payments.</li> <li>• Inclusion of a reserve list to capture all need in a fully allocated budget, enable quick response to changing need and priority.</li> <li>• Integration with other programs, e.g., PTSS, ITC, MBS, MOICDP, HE and VOS.</li> <li>• Development of care packs for Eye and Ear surgery ('My CheerUP pack', 'See Clearer pack')</li> <li>• Maintain strong connections with Aboriginal Communities, by working closely with ATSI CCHOs.</li> <li>• Improve connections with HHSs to support and help reduce waitlists.</li> </ul>		<ul style="list-style-type: none"> <li>• 21/22 EESS is supporting a variety of private, public, and combination pathway arrangements, to ensure best option for patients in each location (timely surgery, geographically convenient, and cost efficient).</li> <li>• The group surgery approach is promoted in locations where it is both possible, and of notable benefit. This is especially of benefit for patients travelling from remote communities, such as in the Cape.</li> <li>• Currently reviewing and improving provider contract templates and contracting processes.</li> <li>• The 'Special Arrangement' implementation is steadily increasing across services, successfully expanding the program budget allowing increased patient numbers due to clinicians accessing MBS for procedure reimbursement.</li> <li>• Improving access to the PTSS to help support alternative patient</li> </ul>

	appointments outside the community for several months.	<ul style="list-style-type: none"> <li>Working with Queensland Health's Healthcare Improvement Unit, Clinical Excellence Division, who assist in strengthening Hospital and Health Service engagement, and providing waitlist data.</li> <li>Work in collaboration with CheckUP's Indigenous Eye Health Coordinator and QAIHC's Ear Health Coordinators</li> <li>Ensure follow-up care is in-built into the funded pathway.</li> <li>Measure EESS patient outcomes and experience through development and implementation of culturally safe PREMS &amp; PROMS.</li> </ul>		<p>pathways, for eligible clinical scenarios.</p> <ul style="list-style-type: none"> <li>Strengthening collaboration with QAIHC's Hearing Health coordinator, particularly in FNQ.</li> <li>Continued linkage with Queensland Health's Healthcare Improvement Unit, Clinical Excellence Division, to receive and understand current public waitlist data.</li> </ul>
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<b>FEHHS</b>				
<b>REGION</b>	<b>PRIORITY HEALTH NEED/S</b>	<b>2021/22 STRATEGY</b>	<b>Status</b>	<b>Update/Comments</b>
As identified by Hearing Australia.	<ul style="list-style-type: none"> <li>Hearing health service planning across all relevant programs includes impact of HAP-EE.</li> <li>Capture referrals to ENT and Speech Pathology.</li> </ul>	<ul style="list-style-type: none"> <li>Patient identification improvements.</li> <li>Referral pathways and patient journeys are clearly defined and mapping documents for 2 identified locations are completed – Woorabinda and Bundaberg.</li> <li>Future locations for formal mapping activities are identified.</li> <li>Ongoing engagement with HAP-EE regarding existing and new service locations and data collection.</li> </ul>		Continuing to connect referrals to Outreach services as they are provided by Hearing Australia

<b>Coordination of Indigenous Eye Health (CIEH)</b>				
<b>REGION</b>	<b>PRIORITY HEALTH NEED/S</b>	<b>2021/22 STRATEGY</b>	<b>Status</b>	<b>Update/Comments</b>
State-wide	Continue to monitor and report previous community mapping actions / recommendations.	<p>The Indigenous Eye Health Coordinator (IEHC) will continue to work with stakeholders across the whole State to prioritize the recommendations raised through the completed community mapping and will continue to report back to the Indigenous Eye Health Advisory Forum (IEHAF).</p> <p>Locations throughout Queensland have all been mapped and in 2021/22 these will be reviewed. All locations will be reviewed commencing with the Southwest. Meetings with key stakeholders to review the cycle of continuous improvement in mapping documents which will highlight any changes that have resulted in gaps in the pathway or emerging gaps will be addressed and updated in mapping documents.</p>		<p>Recommendations are prioritized at the appropriate level (e.g., local level coordination, state-wide coordination, policy change, etc.) and delivered as per agreed timeframe, in partnership with local stakeholders.</p> <p>All mapping locations have been reviewed.</p>
State-wide	Identify barriers, gaps, and inefficiencies in local Indigenous eye care pathways.	<p>As above, the review process will identify any gaps. Continued collaboration with the Indigenous Eye Health Unit at The University of Melbourne. Review of equipment and any associated barriers to service delivery. Where appropriate consider funding. Currently, not in funding plan for 2021/22, however if required will consider funding should funds be available through the variation process. The IEHC will continue to work closely with internal CheckUP stakeholders to ensure gaps and linkages are addressed across all programs.</p>		<p>Local-level barriers, gaps and inefficiencies to achieving optimal eye health care for Indigenous communities are identified and considered.</p> <p>An appropriate action plan/recommendations/pathway put in place.</p> <p>Mapping documents are updated in the review cycle and as required.</p>

State-wide	Continue to promote the value of incorporating quality eye health checks across the health care continuum (not just diabetes) into comprehensive primary health care for Indigenous patients.	<p>Work with visiting eye health service providers to assess viability and support upskilling for a local eye health workforce.</p> <p>Continue to promote the online Primary Eye Care Check and Diabetic Retinopathy (DR) Grading training for Aboriginal Health Workers (AHWs) and GPs.</p> <p>The IEHC will continue to provide advice and support to the local Indigenous Eye Health Coordinators the North West (Gidgee), Palm Island (PICC) and the Torres and Cape HHS eye health coordinator</p>		<p>Basic eye health is routinely incorporated into comprehensive primary health care, and patients with eye conditions are appropriately referred.</p> <p>Increased knowledge and skills by a local workforce will lead to early detection of poor vision and eye problems</p>
State-wide	To provide clinically effective, culturally responsive, and cost-efficient Indigenous eye health outreach services across Queensland, based on evidence of need.	<p>The IEHC works closely with CheckUP's Clinical Governance team, providing input around cultural safety and increasing knowledge of service providers from cultural awareness to cultural competency.</p> <p>Monitoring and review of eye health services across all Outreach programs will continue in consultation with internal and external stakeholders. This includes the IEHC evaluating the efficiency and effectiveness of all eye services by reviewing data in the Outreach Management System (OMS).</p>		<p>Outreach Indigenous eye health investment is culturally responsive, efficient, and effective.</p> <p>Resources are directed to locations with greatest evidence of need.</p>
State-wide	Support increased uptake of Spectacle Subsidy Scheme and/or Integrated Team Care (free spectacles for eligible Aboriginal and Torres Strait Islander patients).	Promote schemes to VOS Optometrists, Aboriginal Medical Services, and other stakeholders.		Indigenous patients can acquire suitable glasses in an affordable and timely manner.



## Summary of regional priorities and Outreach strategies for 2022/23

### South West Queensland

Situation analysis	2022/23 Goals	2022/23 Outreach Strategies
<p>Kingaroy</p> <ul style="list-style-type: none"> <li>- mental health (youth) focus, PHN doing a lot of work to put together a Youth Hub. This will incorporate other areas of health – to build skills and work in the early intervention space for youth, capacity building and skills development.</li> <li>- Opportunities for outreach services to engage with group, and to assist with encouraging grow your own workforce (e.g., Gateway Schools).</li> </ul>	<p>Improvements in workforce opportunities</p> <p>Improvements in mental health outcomes for young people in Kingaroy (decreased self-harm and suicide), by assisting with access to services where possible</p> <p>Improvements in service integration and coordination: visiting and local providers, PHN, HHS, Council and CheckUP</p>	<p>Promote Gateway Industry Schools and resources available to support workforce growth and youth target groups (education around services available)</p> <p>Continue to work with PHN, South Burnett Regional Council, relevant HHS and service providers to work collaborative on solutions.</p> <p>Attend network meetings with DDWMPHN, HHS, Council and service providers i.e. Kingaroy Stakeholder Consultative Group Primary Care Working Group and related workshops with stakeholders)</p>
<p>Service integration and coordination:</p> <ul style="list-style-type: none"> <li>• Cunnamulla, Charleville, Roma (CACH, Vital Health, CWAATSICH)</li> <li>• St George and Dalby</li> </ul> <p>Allied health (OT, speech), psychology, audiology identified as needs, by local AMS in community</p> <ul style="list-style-type: none"> <li>• Chinchilla</li> </ul> <p>New hub with Goondir Health Services, service needs identified and working towards what can be supported by Outreach funding</p>	<p>Improvements in service integration and coordination: visiting and local providers, PHN, HHS, AMS/ACCHO's, local Council and CheckUP</p> <p>Improvements in access to allied health and specialist services, particularly for Aboriginal and/or Torres Strait Islander populations.</p>	<p>Re-establish working relationship/ regular meetings between SW RC, CACH, CWAATSICH and service providers in region (e.g. Vital Health) to maintain communication channels and regular assessment of service needs to be addressed.</p> <p>Monitoring of visit reports, visit dates and regular engagement with service providers to understand and track challenges, and work towards sustainable solutions.</p>

Working with Goondir, service providers and other stakeholders in community to reassess service gaps and support where Outreach can be of use.

Goondiwindi:

- Speech and OT services highlighted as a gap
- No local speech therapist (i.e., at hospital) for a number of years, however there are local private OT's in town.
- Workforce shortage and recruitment issues with LTTS who previously worked with school for speech and OT services. Vital Health are visiting community, with NDIS and some CheckUP services. Travel for LTTS from Brisbane not a sustainable model when sending one clinician.
- One medical centre in town, which is often at capacity (delays getting to GP appointments), furthermore impacting referrals and uptake of visiting services in a timely manner

Re-establish Speech and OT service for Goondiwindi State School, to assist early intervention.

Currently looking at local/sustainable service provider options suitable for service need. Monitoring of LVR's, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions.

Tara (and Western Downs region)

- Mental health flagged as a priority area, through engagement with PHN, service providers, and Western Downs Regional Council. Current service providers in region have recently had visits increased to Tara for psychology. To be monitored.

Increase access to services

Set up cost effective outreach service model for visiting providers to Tara (e.g., local service providers, multidisciplinary teams)

Work with service providers, Council, PHN, community (e.g., local GP, hospital, and other stakeholders) to understand and monitor service gaps. This can include tapping into needs assessment completed by Western Downs Regional Council around service gaps, etc. to inform decisions around local perceived needs.

Monitoring of visit reports, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions. Mapping and monitoring of services will be worthwhile in FY22-23 to address any shortages and support service coordination/integration.

#### Cherbourg

- Cardiac rehab – CRAICCHS have identified need for exercise physiology service to support rising number of community with cardiac/pulmonary issues.
- Obs/Gynae services are potential gap, for early intervention and high complex care patients who would usually travel later in pregnancy for care (too late)
- Early intervention mental health support also identified as a need.
- To review endocrinology services available, a gap has been highlighted by local ACCHO.
- Staffing changes for visiting services is creating potential shortages for some allied health services (e.g. dietetics), as well as providers prioritising NDIS over other funding sources (e.g. speech) creating accessibility concerns. To be monitored closely.

Increase access to services, and types of services available to community (address gaps identified FY21-22)

Improve service integration and coordination between local and visiting services (and facilities)

Map out need for cardiac rehab and preventative/self-management services for Cherbourg; source and fund suitable provider to commence group and 1:1 programs (working with CRAICCHS for sustainable funding model)

Facilitate stakeholder conversations to assist with coordination of clinics, and integration of outreach service providers to cover multiple locations (i.e. hospital and work with CRAICCHS) and also increase attendance to visiting services.

Monitoring of visit reports, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions. Mapping and monitoring of services will be worthwhile in FY22-23 to address any shortages and support service coordination/integration.

Situation analysis	2022/23 Goals	2022/23 Outreach Strategies
<p>Women’s Health – Blackall &amp; Tambo (PHN, HHS, Regional Council)</p> <ul style="list-style-type: none"> <li>- Workforce stretched in CWQ; Blackall-Tambo has experienced a gap since FY19/20, as HHS has had limited staff capacity to deliver effective service (i.e. one nurse to cover entire CW region)</li> <li>- Outreach provider sourced (service no longer with CWHHS), to try new model.</li> </ul>	<p>Increase access to women’s health services for Blackall and Tambo.</p> <p>Establish new service with outreach provider (True Relationships &amp; Reproductive Health)</p>	<p>Ongoing review of service – cost effectiveness, long term sustainability, uptake from community as an outreach provider</p> <p>Working alongside WQPHN, CWHHS, Blackall-Tambo Regional Council and service provider to monitor service. Quarterly check ins with stakeholders, and regular OR data reviews</p>
<p>Diabetes Education (Working group created FY21-22: CheckUP; Diabetes Qld, HHS, PHN, local providers)</p> <ul style="list-style-type: none"> <li>- Lack of preventative health services has been highlighted in conversations with local services</li> <li>- Largely visiting/outreach services (not currently local or cost effective), alongside Longreach providers and HHS (who does travel)</li> <li>- Blackall and Tambo higher need (numbers); Birdsville harder to get to</li> </ul>	<p>Improvement in CDE services across Central West, particularly for Blackall, Tambo and Birdsville</p> <p>Improve cost-effective model of service delivery to certain CW communities (i.e. Birdsville, Blackall, Tambo, Alpha, Jericho)</p> <p>Increase access to CDE services (frequency) to service high numbers in priority Central West locations</p>	<p>Strengthen partnerships between stakeholders to ensure smooth running of service, and sustainability longer term for communities. Continue working group with PHN, Diabetes Qld and local service providers (incl. CWHHS) to establish an effective model across the region – ongoing review.</p> <p>Where possible, accessing local service providers who are available for some locations in CWQ specifically, to decrease costs of current outreach model from Brisbane, build local capacity and improve</p>

(not cost effective from Brisbane). Other towns under review to gain local provider access instead of Diabetes Qld (Alpha, Jericho)

service coordination.

Ongoing review to ensure service model does not compete/hinder CWHHS local service model (currently only have part-time CDE due to family commitments, however, will be going back to full time eventually), also minimising disruptions and/or confusion from community/clients.

#### Boulia (part NW and CW regions)

- Focus community, complex needs as a small community
- Poor service integration and coordination between services visiting and in community
- Low patient numbers / high DNA's
- Health workforce staff changes / turnover
- Lack of aged care services into community (under review – was NWRH)
- Community members often travel to Mount Isa for specialist services, instead of using visiting services

Improvements in service integration and coordination

Increase patient attendance for visiting services, decrease non-attendance rates

Develop list of recommendations and/or service map for future projects

Clinical Chapter meeting involvement quarterly (Chair), and regular engagement with PHN and HHS to problem solve barriers to accessing services in community.

Work with stakeholders to restore the CWHHS Better Health project model and assist with on the ground projects to improve access to health workers / services

Review of services visiting and needs (frequency, etc), to assess if changes need to be made. Closer monitoring of LVR's, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions.

Work with NW Regional Coordinator closely

- Lack of Health Workers in region (CWHHS working on this), as well as no local AMS/ACCHO specific for region.
- Lower socioeconomic community
- In [2016](#), 25.1% of population identified as Aboriginal and/or Torres Strait Islander.
- Discussions with WQPHN, CWHHS, service providers and local council in FY21-22.

to address challenges to service access, based on region borders and cross-over of visiting providers

## Central Queensland

Situation analysis	2022/23 Goals	2022/23 Outreach Strategies
<p>Woorabinda: Remains a focus community for Central Qld region.</p> <ul style="list-style-type: none"> <li>- Low clinic numbers, referrals, and high DNA rates across multiple services</li> <li>- Impacted by covid and lockdowns (telehealth is not</li> </ul>	<p>Increased participation in clinics: Improve patient numbers, decrease non-attendance Outreach services</p> <p>Continue to improve local connections with visiting service providers, to support/increase community engagement and uptake of services</p>	<p>Monthly to quarterly meetings with relevant parties, building on current relationship but also maintaining connection to community (has been a challenge with lockdowns, however some virtual capacity has helped – face to face still preferred). E.g., Yoonthalla Services Woorabinda, and Multi-Purpose Centre (HHS/clinic)</p> <p>Design innovative/creative models to improve clinic attendance / community engagement with visiting services (e.g., dietitian delivering health promotion / community education alongside</p>

particularly ideal for outreach to Woorabinda)

- Service integration and coordination remains a concern, however, is improving based on CheckUP physical visits and engagement in FY21-22 (incl. monthly Teams meetings with local services)
- Financial incentives are not as appealing to all outreach providers, based on high likelihood of do-not-attends when visiting (e.g., sorry business, COVID cases and quarantines, weather, general non-attendance as a complex small community) and workforce support payment arrangements changing.
- Service providers have also experienced changes to workforce/staffing over past 12-18months (e.g., CQHHS having staff relocated to other areas within organisation, to support

Improve service integration and coordination (of Outreach providers) and maintain linkages with other key stakeholders.

diabetes educator to build trust and familiarity in community; language and resources used; etc.)

Monitoring of visit reports, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions. Work with all to improve data collection and ideally streamline systems used (explore options).

Review cost effectiveness of outreach model and certain providers delivering services to Woorabinda (e.g explore if local options are available and have capacity, so not as reliant on Brisbane based providers who could be impacted by flight changes and pandemic lockdowns)

COVID priorities). Local facilities have also experienced a high turnover of staff (i.e., Director of Nursing role at Multi-Purpose Centre), which impacts relationships and continuity of service provision to community.

- Audiology has been flagged as a perceived need for adults in community (as identified in the Ear & Hearing Health Mapping project, and conversations with local stakeholders). Children appear to be well serviced.

Gladstone:

- OT still a gap across region, identified by local Aboriginal health service and service providers. Challenge is competition with NDIS but also shortages in workforce across State (or lack of

Decreased wait list numbers, otherwise collaborative working plan on how to reduce wait lists

Increased access to services, particularly where workforce shortages are identified

Monitoring of visit reports, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions.

Attending bi-monthly CQ Workforce Working Group (HWQ, CQWBSCPHN, GP's, service providers), to support where needed from an outreach perspective to support workforce shortages/challenges/linkages



interest in delivering Outreach).

- Podiatry is an emerging need with local business My Foot Dr clinic closing. Particularly for aged care.
- Wait list numbers flagged as area to improve.

Relationship management: Work closely with Nhulundu Health Service as key facility and community stakeholder for visiting services, to understand and track challenges, and work towards solutions. Quarterly meetings established.

Sunshine Coast & Gympie regions:

New AMS has been established in Gympie (NCACCH), and review of services needed for region is currently underway.

Due to flooding and pandemic experiences, feedback for Gympie region has implied there are service gaps for speech, OT, paediatrics, and mental health particularly for child and maternal space. Diabetes education also flagged as an area of need, for chronic disease patients. Further exploration and due diligence around gaps and service needs required, ideally linking in with local services (e.g., based in Brisbane or Sunshine Coast).

Increased access to allied health services for Gympie, Sunshine Coast and surrounds (particularly for Aboriginal and/or Torres Strait Islander community)

Re-establishment of quarterly Regional Planning Coordination Committee type meeting to support service integration and communications between parties and inform service needs and reporting for region. This will include HHS, PHN, NCACCH, consumer representatives, allied health representatives and ideally a GP representative for region.

Source appropriate service providers and explore co-commissioning opportunities to support these services for Gympie where financial incentives (i.e., from Outreach) are limited, and to ensure longer term sustainability of service delivery and access for Gympie/surrounds Aboriginal and Torres Strait Islander communities.

Working with NCACCH to support services provided by Gympie AMS, including their child and maternal health and chronic disease programs.

Improved service integration, coordination and communications has also been requested from multiple stakeholders and could be supported with the reestablishment of RPCC style meetings.

Kilkivan:

- Ongoing review of service model, as PHN funding ceases after June 30, 2023
- Financial incentives not as appealing to all outreach providers – could become an issue when recruiting replacement/new providers. Nurse practitioner likely to cease contract for FY22-23 based on low financial support.
- Older population, higher rate of chronic conditions, lower socioeconomic status. Some travel to Gympie for service, however this is not ideal for

Increase referrals for Kilkivan Counselling service, and/or review if still a priority service for Kilkivan (source alternative service if required)

Service model review, and recommendations/plan for beyond FY22-23

Monitoring of visit reports, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions.

Monthly to quarterly meetings with service providers (incl. GP), involving PHN and community representatives where required to work on referral pathways and general service coordination/integration. Also include discussion to work towards solutions for service model plan beyond PHN allocated funding. Could be linked to regional planning meeting for Sunshine Coast and Gympie.

many based on the demographic.

- Provider concerns: Patient numbers and referrals for new patients to counselling service are fairly low; Nurse Practitioner has highlighted service costs may not be sustainable long term, however, has offered to continue service for FY22-23. Review/replacement of provider may be required, and discussions with PHN already commenced.

#### Hervey Bay & Maryborough

- OT gaps remain, evident across region (and State)
- Flights and access to community remains a challenge for visiting/outreach providers (e.g., flight availability for Psychiatrist)
- Podiatry for Hervey Bay and Maryborough experiencing

Improve access to services (e.g., psychiatry), whether sourcing local options or supporting funding for charter flights / other means of travel that is sustainable longer term.

Increase access to allied health services in region (e.g., OT, podiatry) to furthermore reduce wait lists and improve health outcomes for chronic disease patients

Establish an OT service with UIH for OT to Galangoor Duwalami, increasing access to Occupational Therapy for both sites

Monitoring of LVR's, visit dates and regular engagement with service providers to understand and track challenges, and work towards solutions.

Working closely with Galangoor Duwalami Primary Healthcare Service to assist with service provider engagement, understand referral pathways and service gaps, and work on solutions for Aboriginal and/or Torres Strait Islander population in area. Quarterly meetings established (face to face and/or virtual).

sizeable waitlist, as part of  
AMS chronic disease program

Emerald:

- OT shortages across State, also evident in Emerald. Gaps in allied health services, and potential service integration issues also evident
- Gynaecology/obstetrics has been raised a gap for HHS since September 2021. Workforce issues have meant sourcing a specialist from SEQ to travel.

Increase access to services in Emerald, outsourcing if Outreach is an opportunity but also assisting to connect local & current outreach providers together.

Attending interagency meetings local in Emerald, working closely with relevant stakeholders to address gaps in services but also better understand priorities and opportunities for outreach services to community or if local solutions can be sourced.

Monitoring of LVR's, visit dates and regular engagement with current CheckUP service providers to assess capacity to expand to Emerald and assist wait lists/needs.

North Queensland

Situation analysis	2022/23 Goals	2022/23 Outreach Strategies
<p>High levels of smoking rates within Palm Island and Mornington Island communities</p> <p>A lack of health promotion initiatives occurring with limited events to link in with for providers</p> <p>Higher than state average of women smoking during pregnancy</p>	<p>Support health services to decrease smoking rates by improving service access and coordination between outreach providers</p> <p>Strengthen health promotion activities and messaging within communities to ensure tobacco use remains a priority.</p>	<p>Participate in community events to promote healthy messages that are responsive to local solutions to reduce and prevent the uptake of tobacco use</p> <p>Ensure appropriate Allied Health providers are aligned to communities to support smoking cessation e.g., EP/Psychology/Dietitian</p> <p>Source relevant training and support for workforce to lead this work e.g., Brief Interventions/NRT and other emerging products</p>
<p>Lack of coordination/potential duplication of hearing services on Palm Island and Mornington Island</p> <p>75% of children suffer hearing loss from otitis media on Palm Island. Otitis media rates are exceeding 4%, which the WHO defines as a health emergency</p> <p>PICC and Joyce Palmer GPs state they are not fully trained to manage OT presentations as shared in informal conversations</p>	<p>A functioning hearing health program/model implemented on Palm Island that delivers age-appropriate hearing screening for the children on Palm Island</p> <p>GPs have access to education and support to increase their ability to manage ear and hearing issues</p> <p>Lead the development of a local Ear and Hearing Collaboration on Mornington Island and Palm Island</p>	<p>PICC have successfully recruited an Ear and Hearing Health Coordinator on Palm Island using unspent Hearing Health funds</p> <p>Assist with a clear referral pathway to secondary and tertiary services for children</p> <p>Strengthen strategic partnerships</p> <p>Attend meetings to support hearing health initiatives. Meetings include Ear Health Coordinator meeting chaired by NACCHO, Deadly Ears and Australian Hearing</p>

Both Island communities have the highest rates of ear disease and hearing loss and the most severe of all communities visited by Deadly Ears

There is currently no standardised national indicator measuring ear and hearing loss at the primary health level.

Hearing Screenings included in annual 715 Health Check

Source relevant training and support for workforce to ensure best practice management of OM

Maintain clear understanding of roles and responsibilities between key stakeholders in avoiding service duplication and confusion in service provision

Share reports and information on hearing health

Advocate for measures to be included in the Nkpi data set to improve the body of evidence

Midwifery services limited at Mackay ATSIHC

Aboriginal and Torres Strait Islander infants were more likely to be low birthweight than other Queenslanders (12% compared with 6.8%) and accounted for one in nine low birthweight babies.<sup>1</sup> Pre-term births in the Isaac region is higher than the state average at 9.1%

Highest admission to MHHS is for Obstetrics

Aboriginal and Torres Strait Islander women are less likely to have eight or more antenatal visits<sup>2</sup>

Include a practicing Midwife into the structure at Mackay ATSIHS to strengthen the current model of care to deliver woman centred care

Include a Midwife in the service schedule for Mackay HHS to service Clermont

Increase the uptake of COVID vaccination to 80% and beyond as per Qld Government plan

Consult with Mackay HHS to explore possibility of placing a clinical midwife at Mackay ATSIHS weekly. Meetings are continuing with the HHS and Mackay ATSIHS to secure this service

Work with Mackay ATSIHS on process steps to include Midwifery services

Consult with service providers and stakeholders to gather evidence to strengthen case

Operationalise the Midwife service (9-RN009) on the Reserve list

Mackay ATSIHC PHC Manager has been trying to source a Midwife for 12 months to provide ante/postnatal care from their clinic

COVID vaccination as low as 50% in some areas in North Queensland

Aboriginal and Torres Strait Islander people have a higher risk of developing serious illness from COVID<sup>3</sup>

All Aboriginal people and Torres Strait Islander peoples aged 12 and over are eligible for a COVID-19 vaccination

Limited access to SEWB services and other mental health services on Mornington Island

Mornington Island region has the second highest suicide rate in Australia

Communities have access to up-to-date public health and social measures information as released by QH

Introduce SEWB services for the community of Mornington Island

Actively participate in the Mackay Out Mob Together Stronger Alliance meetings to inform the Health Equity agenda. Till date, four meetings have been attended

Continue to strengthen working collaboration with QAIHC to allow sharing of resources to regions and communities with no links to ATSIHS

Ensure communities that are not in an ATSIHS footprint are included on all mailing lists to receive up to date information and resources

Continue to work with the MI Health Council to support community-driven initiatives that promote social and emotional wellbeing and help keep Mornington Island culture strong

Work with providers to ensure counselling, health promotion and early intervention services are available in

the community

## Far North Queensland

Situation Analysis	2022/23 goals	2022/23 Outreach strategies
<p>Low attendance rates</p> <p>Long waiting lists for specialists</p> <p>Long travelling distances</p> <p>High DNA rates</p> <p>No AMS staff attending some locations</p> <p>Issues with communication with patients?</p> <p>Issues with staffing?</p> <p>Structures that discourage integration and perpetuates a lack of shared responsibilities</p> <p>Limited sharing of lessons and challenges between individual organisations</p> <p>Community expectations for care to be delivered locally</p> <p>Balancing expectation of all stakeholders</p> <p>Conflicting aspirations &amp; priorities for individual organisations</p> <p>Discrepancies between community members around cultural differences</p>	<p>Decrease non-attendance rates</p> <p>Increase essential services to remote high-risk communities</p> <p>Initiate delivering rehabilitation and counselling</p>	<p>Strengthen partnerships with local community groups and organisations</p> <p>Strengthen local community partnerships</p> <p>Focus on health promotion and prevention programs</p> <p>Facilitate to improve &amp; support key stakeholders around integrated care coordination</p> <p>Working with key stakeholder's organisations that have a leadership role, offer technical expertise, provide innovative learning and contribute to health promotion strategies that seek to improve organisational capacity might aim to strengthen internal management, review resource allocation, address knowledge management, develop leadership qualities, or build partnerships.</p> <p>Establish a governance structure, which will improve key stakeholders'</p>



Community members missing out on appointment due to the lack of knowledge when health professionals visiting community

Lack of transportation and understanding of understanding around patient transportation structure

People in the NPA region are ageing faster than Queenslanders as a whole Health and socioeconomic status are amongst the worst in Qld Inconsistent access to primary health care in the region

Many services are delivered far from home, creating barriers to access

Limited coordination of services between providers and external organisations

Numerous workforce sustainability and capability issues that limit the ability to TCHHS to deliver on key priorities

Lack of community health promotion

As per QPS and key stake holders, overall high demand of service and supply of alcohol and drugs (37 on service matrix scoring for variation), but no rehabilitation or counselling in this region

Torres Strait Island and Northern Peninsula Area

connectivity with open and transparent processes

Host organisations to provide health promotion & educate community members around CU funded visiting AH & Specialist services

Provide support for better approach to integrated care coordination

Encourage and promote the use of CheckUP Outreach Diary

Work with key stakeholders to implement better strategies around DNA patients

Improve outpatient services, referral pathways and data sharing i.e., incorporate technology to support a more transparent and collaborative approach

Support local key stakeholders to develop and implement a primary health care model of care that is sustainable, patient-centred that is holistic, proactive, and consistent

1. Be patient, family, and community centric

2. Indigenous Health Worker led and supported by a multidisciplinary team,

Torres and Cape HHS Outreach Schedule are not always reflective of actual service delivery when the Torres Strait Islands or Northern Peninsula Areas are clustered together; some islands may or may not be visited on each Outreach visit. The service lines need to be reflective of actual service delivery and service need; (can change due to weather, referrals, sorry business)

Example:

- Injinoo/Seisa/ New Mapoon/Umagico
- Injinoo/ New Mapoon/ Seisa/ Umagico/ Bamaga
- Boigu/ Coconut/ Darnley/ Duan/ Horn/ Kubin/ Mabuiag/ Murray/ Saibai/ Stephen/ St Pauls/ Warraber/ Yam/ Yorke Islands
- Badu / Boigu/ Coconut/ Darnley/ Duan/ Horn/ Kubin/ Mabuiag/ Murray/ Saibai/ Stephen/ St Pauls/ Warraber/ Yam/ Yorke Islands
- Mabuiag/Badu/Kubin/St Paul Islands
- Boigu/Saibai/Dauan Islands
- Coconut/Warraber/Yam/Yorke Islands
- Badu/Boigu/Coconut/Darnley/Dauan/Kubin/Mabui ag/Murray/Saibai/Stephens/St Pauls/Yam Islands

case management approach to chronic disease management

3.Ensure continuity of care for patients

4.Underpinned by safety and quality, appropriate clinical governance

Continue enabling communities to have a greater role in primary health care services

1.Community engagement regarding various transition models available and provide input into future of primary health in their local communities

2.Greater community involvement and choice especially in Northern Peninsula Area (NAP)

3.Clear understanding of roles and responsibilities between key stakeholders in avoiding services duplication & confusion in service provision

Capacity building strategies will contribute to development of the strengths of people and communities to create strong regional identity. Actions and opportunities for community members to build additional skills, networks, knowledge, and sense of belonging will improve the community's ability to meet their

own needs, be resilient in times of change, and have the capacity to influence decision making and effect positive change for the region.

## North West Queensland

Situation analysis	2022/23 Goals	2022/23 Outreach Strategies
<p>No ATSIHS footprint in rural and remote regions contributing to reduced access to quality health care and health messaging</p> <p>ACCHS have grown to become a key part of Australia's health system. ACCHS provide a comprehensive range of health and social and emotional wellbeing services</p> <p>They set the benchmark for delivering holistic, culturally safe and responsive care and services to Aboriginal and Torres Strait Islander people and communities</p> <p>Lack of support, health literature and resources to the regions to ensure a strong, safe response to COVID outbreak, including vaccination rates</p> <p>Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgments and take decision in everyday life concerning healthcare disease prevention and health</p>	<p>Link rural and remote communities with ATSIHS activities as needed where appropriate</p> <p>Advocate for ATSIHS to be delivered in rural and remote areas within the region</p> <p>Foster Cross-sector partnerships determined by the needs of communities. This is consistent with cultural determinant and social determinant approaches</p>	<p>Maintain working collaboration with state peak body QAIHC</p> <p>Develop communication channels for communities with nearest ATSIHS for support</p> <p>Continue to raise local health issues with QAIHC and NACCHO through state and national committees, meetings etc</p> <p>Actively participate in CAN meetings on a regular basis with a minimum of 60% attended as evidenced in meeting minutes</p> <p>Clear understanding of roles and responsibilities between key stakeholders in avoiding services duplication and confusion in service provision</p> <p>Actively participate in CAN meetings on a regular basis with a minimum of 60% attended as evidenced in meeting minutes</p>

promotion to maintain or improve quality of life during the life course.

Health literacy is a very important skill to navigate people doing health behaviour and achieving good quality of life. People who live in rural area potentially have lower health literacy since they have limited access to health information and healthcare

Continue to strengthen working collaboration with QAIHC to allow sharing of resources to regions and communities with no links to ATSIHS

Clear understanding of roles and responsibilities between key stakeholders in avoiding services duplication & confusion in service provision

At the local level, assist and support partnerships to cut across organisational, sector and government silos to deliver solutions based on community priorities and objectives.

Lack of highly trained health professionals including GPs to ensure a competent workforce

One GP towns that have right to private practice means they are on call 24/7 dealing with long wait times for appointments and no ability to complete annual health care plans, impacting on visiting specialists who do not receive referrals

Health transport infrastructure is limited

People living in Remote areas generally have poorer access to health services than people in regional areas and Major cities.

Improvement in number of required clinical staff in the NNW Qld region

Improved options for rural and remotes communities to attend appointments at Tertiary centres ie Townsville Hospital

Improved access to mental health services evidenced by increased number of services delivered

Increased access to ATODS services within the NNW region

Actively participate in CAN meetings on a regular basis with a minimum of 60% attended as evidenced in meeting minutes

Develop communication channels for communities with nearest HHS to allow issues to be heard

Monitor attendance rates at all HHS' within the region and feedback findings to relevant groups in communities.

Monitor ORs submitted by funded health care providers to ensure maximum reach within communities.

In 2016, people in Remote areas were more likely to report barriers accessing GPs and specialists than Major cities

In 2017–18, potentially preventable hospitalisation rates in Very remote areas were 2.5 times as high as Major cities

Referral pathways to mental health professionals is problematic, with current intake processes described as rigid and difficult.

Very limited ATODS services with difficult referral pathways

No access to equipment for health clinicians to perform hearing screenings in schools

Women's Health – Mount Isa region (NWHHS)

Provide support to health clinicians to deliver hearing screenings within schools

Ensure relevant staff have access to or are informed of training and support opportunities

Ensure referral pathways exist to mental health services using Checkup Outreach funding

Ensure services are culturally appropriate

Work with NQPHN to secure funding for mental health services or ensure funding aligns to where it is needed most

Work with health care providers to reduce the shame and embarrassment of accessing services.

Ensure relevant staff have access to or are informed of training and support opportunities

Ensure referral pathways exist to ATODS services using Checkup Outreach funding

Work with the NQPHN to ensure services are funded where needed

Sonic Equipment and CheckUP have been successful in sourcing hearing equipment to ensure hearing screenings are delivered to schools in the region. Ensure relevant staff have access to or are informed of training and support opportunities

Share learnings from other locations as to best practice hearing screening processes

Ensure referral pathways exist to Audiologist,  
ENT etc using Checkup Outreach funding