

Medical Outreach Indigenous Chronic Disease Program - Eye Health



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The Rural Workforce Agency Victoria (RWAV)

The Rural Workforce Agency Victoria (RWAV) has a vision of health equity for rural, regional and Aboriginal and Torres Strait Islander Victorians. RWAV's mission is to apply contemporary workforce development strategies that advance rural, regional and Aboriginal Victorians' access to high-quality health care.

RWAV delivers a comprehensive range of health workforce programs and services in rural and regional Victoria through funding from both the Australian and Victorian governments. In doing so, RWAV has established and maintained collaborative working arrangements and networks with key health workforce stakeholders in rural and regional Victoria.

How to use this Fact Sheet

This factsheet aims to provide the public, health professionals, service providers and host organisation information about:

- The Rural Workforce Agency Victoria
- The purpose of the program
- How the Needs Assessment is used to make informed, evidence-based decisions.

If you are a service provider or host organisation and would like to know more about the program, please contact us at VicOutreach@rwav.com.au. If you would like to know more about our needs assessment, please contact us at Data@rwav.com.au.



Overview

The Medical Outreach Indigenous Chronic Disease Program (MOICDP) increases access to a range of health services, including expanded primary care for Aboriginal and Torres Strait Islander Peoples for the prevention, diagnosis and management of chronic disease. Aboriginal and Torres Strait Islander persons in metropolitan, regional, rural and remote (MMM1 – 7) locations are eligible for MOICDP services.

The priorities of the MOICDP program are:

- Chronic Disease
- Mental Health
- Eye Health
- Maternal and Child health

Chronic Disease, Mental health and Maternal and Child Health will be covered in a separate needs assessment. Please see the MOICDP – Chronic Disease Needs Assessment 2022-23

Need Assessment Methodology

RWAV conducted a needs assessment between September 2022 and April 2023. This needs assessment and process was derived using:

a. The Victorian Health Priority Analysis

A thorough analysis of population health data from the Public Health Information Development Unit (PHIDU) from Torrens University Australia was performed to identify health needs and unmet health demands of the Aboriginal and Torres Strait Islander population. This analysis was performed at the Australian Statistical Geography Standard (ASGS) Edition 3 structure of Indigenous Area (IA). Indigenous Areas are designed with the Aboriginal and Torres Strait Islander people as the focus and represent population trends of this cohort.

The analysis considered many factors, including: socio-demographic information, lifestyle factors, disease incidence, screening rates, hospital admissions and years of life lost. The Indigenous Areas were compared across each other in these factors to determine a priority score for that Indigenous Area i.e., the scores only represent the priority of each Indigenous Area compared to the other Indigenous areas in Victoria for Aboriginal and Torres Strait Islander Outreach Programs. These scores were then quartiled, to create 4 levels to represent priority. The 4 levels assigned to each Indigenous Area are L1, L2, L3 and L4, where L1 is the highest priority, and level 4 being the lowest priority, in reference to the other Indigenous Areas.

b. The RWAV 2022 Victorian Rural Health Workforce Census (RHW Census)

The RWAV 2022 Census is an online survey sent to health professionals in rural and remote regions of Victoria. The survey was optional and confidential for the participants and consisted of both quantitative and qualitative questions on health workforce access, quality and sustainability. The RHW Census had 467 responses. The PHN region breakdown was: Murray (n=198), Western Victoria (n=120), Gippsland (n=103), North Western Melbourne (n=20), Eastern Melbourne (n=13) and South Eastern Melbourne (n=13). The response occupations were GPs (n=169), Allied Health Professionals (n=149), Non-GP Specialists (n=37), Nurses (n=73) and other persons engaged in health service delivery (n=39).

These responses were analysed at the geographical area of Statistical Area Level 3 (SA3) to identify hotspot locations and their associated needs. The location of the health professional's workplace was used to represent the SA3 that was being assessed and analysed. Health professionals reported on the types of health professionals they needed in their community and how often they were required. The identified need was based on the concordance of health professionals in that area as follows:

- A: highest need based on concordance of 5 or more health practitioners
- B: second highest need, based on concordance of 3-4 health practitioners
- C: Third highest need, based on the concordance of 1-2 health practitioners.

*Adjustments were made for data triangulation, which are denoted by a *.*

As part of the needs assessment process the findings of this census were confirmed with regional Health Workforce Stakeholder Engagement Groups to validate the findings and triangulate the data.

Please note SA3s are generally designed to have populations between 30,000 and 130,000 persons. They have considerable flexibility in terms of population variability, allowing for the representation of meaningful regional areas for data analysis. In the rural context, SA3s are the functional areas of regional towns and/or cities with a population of at least 20,000 or clusters of related suburbs (Australian Bureau of Statistics 2021).

c. The RWAV 2022 Outreach Pulsecheck

The RWAV Outreach Pulsecheck was a short-form survey delivered to service providers and stakeholders in a face-to-face format. The Pulsecheck aimed to gather information about the needs of the communities that these representatives are based and these needs reflected the epidemiology of the community, as well as wait lists and barriers to service for patients.

d. Australian Bureau of Statistics Population Data

Data identified in this needs assessment was triangulated with confidential counts of number of health professionals by SA3 location (HeaDS UPP) and the number of services in an SA3 area (Healthmap).

e. The needs assessment process was further informed by:

- Key stakeholder consultations (face-to-face and virtual meetings) to obtain operational insight and feedback on outreach service delivery
- feedback regarding whether the service is meeting the needs of the community
- new and emerging local health needs
- the visiting and hosting service's intent to continue service delivery
- new initiatives within regions
- capacity to share existing outreach services between sites and across locations

Limitations

While the response rate of the RHW Census was suitable to make deductions on the health workforce and its issues in rural and regional Victoria, RWAV aims for a higher participation and response rate for the RHW Census. Some geographical locations were underrepresented in the RHW Census due to low response rate, and RWAV sought to address these issues by sending personalised reminders to practices and participants to complete the RHW Census.

Some population health data used in this analysis is published at long intervals, with some data used ranging back to 2016. This can lead to reduction of data quality and not truly represent the populations' current circumstance.

By considering both the RHW Census and the Victorian Population Health Analysis, RWAV is able to integrate the current knowledge of the health workforce with the fixed time point nature of the population health data to mitigate the limitations of both datasets and utilise the range of information from different sources.

RWAV also supported the Needs Assessment with data provided in the 2022-23 Outreach Service Funding applications such as number of patients on the wait list, the wait time for new patients to be seen and more will be incorporated as part of the needs assessment. RWAV will review the regional health data provided to determine locations for priority recruitment of outreach services. This work is ongoing and will be communicated to VOAF in line with the Outreach Programs Service Delivery Standards during the financial year.

Priority Areas

Aboriginal and Torres Strait Islander Program Priority Level

L1 denotes the highest priority where L4 denotes the lowest priority. These levels should only be used to prioritise in reference to another location and is not an indicator that can be viewed independently.

Indigenous Area	MOICDP Eye Health Priority Level	Indigenous Area	MOICDP Eye Health Priority Level
Albury	L1	Melbourne - North-East	L3
Ballarat	L2	Melbourne - Port Phillip	L2
Baw Baw	L2	Melton	L4
Bendigo	L2	Mildura	L1
Brimbank	L3	Monash	L2
Campaspe - Shepparton - Moira	L1	Moreland - Broadmeadows	L2
Cardinia	L4	Mornington Peninsula	L3
Castlemaine - Kerang	L1	Northcote - Preston - Whittlesea	L2
Craigieburn - Sunbury	L3	South Gippsland - Bass Coast	L4
Cranbourne - Narre Warren	L3	Southern Grampians - Glenelg	L1
Frankston	L3	South-West Central Victoria	L4
Geelong - Queenscliff	L3	Swan Hill	L1
Gippsland	L1	Upper Goulburn Valley	L2
Greater Dandenong	L1	Wallan - Seymour	L4
Knox	L3	Warrnambool	L1
Latrobe	L1	Whitehorse	L4
Macedon Ranges - Moorabool	L4	Wimmera	L1
Maribyrnong - Moonee Valley	L3	Wodonga	L2
Maroondah	L2	Wyndham - Altona	L3
Melbourne - East	L4	Yarra Ranges	L3

Workforce Needs Table

Key:

- AH is Allied Health.
- A indicates concordance of 5 or more respondents from the respective SA3 area.
- B indicates concordance of 3-4 respondents from the respective SA3 area.
- C indicates concordance of 1-2 respondents from the respective SA3 area.
- Blank cells are best interpreted as “No identified need at the time”.
- * (Star) Indicates adjusted need level. Adjusted need level was calculated by taking the response order that the Census participants listed the needs and ranking them higher if mentioned first and/or integration with information from external sources has occurred.
- ^ (Caret) indicates that the region is partially eligible for the program due to MMM geographic boundaries. E.g., ‘Surf Coast - Bellarine Peninsula’ falls within MMM 1 to 5. If the program excludes MMM 1, only regions MMM 2 to 5 are eligible. See Health Workforce Locator map: www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator
- # (Hash) indicates the most aligned Indigenous Area Priority Score with the given SA3's. Please refer to the MOICDP Priority Score table for more details.



Table 1: Identified Need for Health Practitioners in the Gippsland Region

Gippsland Statistical Area 3 Locations	Baw Baw	Gippsland - East	Gippsland - South West	Latrobe Valley	Wellington
Priority Score#	L2	L1	L2	L1	L1
Occupation	Need	Need	Need	Need	Need
Allied Health					
Aboriginal and Torres Strait Islander Health Practitioners					C
Aboriginal Health Worker	C	C		C	C
Optometrist		C*	C*		C*
Orthoptics					
Nurses and Midwives					
Enrolled Nurse	C	C		C	
Registered Nurse	C	A	B	C	C
Nurse Practitioner	C		C		B
Practice Nurse		A		C	
Specialists					
Ophthalmologist			C	C*	C

Table 2: Identified Need for Health Practitioners in the Murray Region

Murray Statistical Area 3 Locations	Bendigo	Campaspe	Heathcote - Castlemaine - Kyneton	Loddon - Elmore	Mildura	Moir	Murray River - Swan Hill	Shepparton	Upper Goulburn Valley	Wangaratta - Benalla	Wodonga - Alpine
Priority Score#	L1	L1	L3	L2	L1	L1	L1	L1	L2	L1	L3
Occupation	Need	Need	Need	Need	Need	Need	Need	Need	Need	Need	Need
Allied Health											
Aboriginal and Torres Strait Islander Health Practitioners	B	C			C		C	C	C		C
Aboriginal Health Worker								C		C	B
Optometrist		C*			C*		C	C	C	C*	C*
Orthoptics	C										
Nurses and Midwives											
Enrolled Nurse		C					C				C
Registered Nurse	C	C	C		C	C	C	B			C
Nurse Practitioner	C	C			C				C		C
Practice Nurse	B	C	C		C	C	B	A			B
Specialists											
Ophthalmologist					C						

Table 3: Identified Need for Health Practitioners in the Western Victoria Region

Western Victoria Statistical Area 3 Locations	Ballarat	Barwon - West	Colac - Corangamite	Creswick - Daylesford - Ballan	Geelong	Glenelg - Southern Grampians	Grampians	Maryborough - Pyrenees	Surf Coast - Bellarine Peninsula	Warrnambool
Priority Score#	L1	L3	L2	L3	L3	L2	L1	L1	L4	L2
Occupation	Need	Need	Need	Need	Need	Need	Need	Need	Need	Need
Allied Health										
Aboriginal and Torres Strait Islander Health Practitioners				C		C				
Aboriginal Health Worker	C				B		B			
Optometrist	C		C	C	C*	C	C		C	C*
Orthoptics										
Nurses and Midwives										
Enrolled Nurse							B		C	
Registered Nurse	C				C		C	C		C
Nurse Practitioner					C	C	C		C	C
Practice Nurse	C		C		C		A			B
Specialists										
Ophthalmologist						C	C			C

How this needs assessment will be used

RWAV will present the needs assessment and seek endorsement from the Victorian Outreach Advisory Forum (VOAF). All outreach service funding applications received by RWAV during the 2023-24 financial year will be reviewed in accordance with the service matrix and RWAV Outreach needs assessment. To address the data gaps and limitations of the Census, further information provided in the 2023-24 Outreach Service Funding applications such as number of patients on the wait list, the wait time for new patients to be seen and more will be incorporated as part of the needs assessment. RWAV will review the regional health data provided to determine locations for priority recruitment of outreach services. This work is ongoing and will be communicated to VOAF in line with the Outreach Programs Service Delivery Standards during the financial year.

Reference

Based on Public Health Information Development Unit (PHIDU), Torrens University Australia material from: Social Health Atlas of Australia: Indigenous Area (online). 07/02/2023 [<https://phidu.torrens.edu.au/social-health-atlases/data#aboriginal-torres-strait-islander-social-health-atlas-of-australia>].

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Aboriginal and Torres Strait Islander people should be aware that this document and the RWAV website may contain images or names of people who may have since passed away.