



RWAV
RURAL WORKFORCE
AGENCY VICTORIA

HEBHBL

Healthy Ears - Better Hearing, Better Listening



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The Rural Workforce Agency Victoria (RWAV)

The Rural Workforce Agency Victoria's (RWAV) vision is for all Victorian communities to be supported with equitable access to a high-quality health workforce that promotes positive health outcomes. RWAV's purpose is providing effective and customised health workforce solutions for rural and First Nations communities in Victoria.

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 Info Sheet

This info sheet aims to provide the public, health professionals, service providers and host organisations information about:

- RWAV
- Purpose of the program
- Needs Assessment process for making 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 assessments, please contact us at Data@rwav.com.au.

Overview

The Healthy Ears – Better Hearing Better Listening Program (HEBHBL) increases access to a range of ear and hearing health services, including expanded primary care for First Nations children and youth (0-21 years) for the diagnosis, treatment and management of ear and hearing health conditions. Modified Monash Model 2-7 locations are eligible for Healthy Ears outreach services (Please access more information regarding Modified Monash Model [here](#)).

Needs Assessment Methodology

RWAV conducted a needs assessment between September 2023 and May 2024. 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 population. This analysis was performed at the Australian Statistical Geography Standard (ASGS) Edition 3 structure of: Statistical Area 3 (SA3) for the whole population outreach programs and Indigenous Area (IARE) for First Nations outreach programs.

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. IAREs are larger sized geographic areas that are designed for the release and analysis of more detailed statistics for Aboriginal and Torres Strait Islander people and are developed with consultation with First Nations community leaders (Australian Bureau of Statistics 2021).

The analysis considered many factors, including: socio-demographic information, lifestyle factors, disease incidence, screening rates, hospital admissions and years of life lost. For the HEBHBL program IAREs were compared across each other in these factors to determine a priority score for that IARE i.e., the scores only represent the priority of each IARE compared to the other IARE in Victoria. These scores were then divided into quartiles, to create 4 levels to represent priority. The 4 levels assigned to each IARE are L1, L2, L3 and L4, where L1 is the highest priority, and level 4 being the lowest priority, in reference to the other SA3s.

b. The RWAV 2023 Victorian Rural Health Workforce Census (RHW Census)

The RWAV 2023 Census is an online survey sent to health professionals in rural and regional 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 584 responses. The PHN region breakdown was: Murray (n=223), Western Victoria (n=173), Gippsland (n=130), North Western Melbourne (n=36), Eastern Melbourne (n=9), South Eastern Melbourne (n=13). The response occupations were GPs (n=144), Allied Health Professionals (n=239), Non-GP Specialists (n=38), Nurses or Midwives (n=110) and other persons engaged in health service delivery including students (n=53).

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.

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.

c. RWAV Outreach Stakeholder Engagement

RWAV consults external stakeholders regarding Outreach programs, health workforce needs and other RWAV programs. The consultations are a short-form survey delivered to service providers and stakeholders in a face-to-face, virtual or phone format. The engagement aimed to gather information about the needs of where 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 participation rate in the Census was adequate for drawing insights about the health workforce and its challenges in rural and regional Victoria, RWAV strives to achieve even greater engagement in future iterations of the RHW Census. Certain areas were less represented in the RHW Census due to lower participation rates. To improve coverage, RWAV implemented targeted strategies, such as sending customised reminders to encourage completion of the Census by practices and participants.

The analysis also utilised population health data, some of which is updated infrequently, incorporating figures as far back as 2016. This may decrease the quality of the data and might not accurately reflect the current health status of the population.

To offset these limitations, RWAV integrates findings from the Census with those from the Victorian Population Health Analysis. This approach allows for a more comprehensive understanding of the health workforce by merging up-to-date workforce insights with population health data, which is static by nature. The validation of these findings by stakeholders further strengthens the validity of the data analysis.

Additionally, RWAV considers data gathered from the 2024-25 Outreach Service Funding applications, including metrics such as patient waitlists and wait times for new patients. This data will be used to identify priority areas for outreach services, contributing to a dynamic and ongoing evaluation of regional health needs. RWAV is committed to continuously communicating these developments to the Victorian Outreach Advisory Forum (VOAF), aligning with the Outreach Programs Service Delivery Standards throughout the financial year.

Priority Areas

First Nations 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	HEBHBL Priority Level	Indigenous Area	HEBHBL 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:

- 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 the Gippsland Region

Statistical Area 3 Locations	Baw Baw	Gippsland - East	Gippsland - South West	Latrobe Valley	Wellington
Population Health Indicator Level#	L2	L1	L2	L1	L1
Occupation	Need	Need	Need	Need	Need
Allied Health					
Aboriginal and Torres Strait Islander Health Practitioners	B*	B*	B*	B*	B*
Aboriginal Health Worker			C	C	
Speech Pathologist	A	A	B	A	C
Nurse and Midwife					
Midwife	C	B	C	C	
Registered Nurse	C	A	A	A	C
Surgeon					
Otolaryngologist (ENT)	C	C	B		C

Table 2: Identified Need for the Western Victoria Region

Statistical Area 3 Locations	Ballarat	Barwon - West	Colac - Corangamite	Creswick - Daylesford - Ballan	Glenelg - Southern Grampians	Grampians	Maryborough - Pyrenees	Surf Coast - Bellarine Peninsula	Warr-nambool
Population Health Indicator Level#	L1	L3	L2	L3	L2	L1	L1	L4	L2
Occupation	Need	Need	Need	Need	Need	Need	Need	Need	Need
Allied Health									
Aboriginal and Torres Strait Islander Health Practitioners	C		C		C				C
Aboriginal Health Worker			C			C			C
Speech Pathologist	A		B	C	C	A	A*	C	A
Nurse and Midwife									
Midwife					C	C			C
Registered Nurse	B		A		B	A	B	C	C
Surgeon									
Otolaryngologist (ENT)	C				C	B			B

Table 3: Identified Need for the Murray Region

Statistical Area 3 Locations	Bendigo	Cam-paspe	Heathcote - Castle-mainie - Kyneton	Loddon - Elmore	Mildura	Moira	Murray River - Swan Hill	Shep-parton	Upper Goulburn Valley	Wang-aratta - Benalla	Wodonga - Alpine
Population Health Indicator Level#	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	B	C		A			C			C
Aboriginal Health Worker	A					C	C		C	C	
Speech Pathologist	B	A	B		A		C	A	A	C	C
Nurse and Midwife											
Midwife					C		C	C		C	C
Registered Nurse	A	C	C		C	C	B		B	B	C
Surgeon											
Otolaryngologist (ENT)	B	C	C	C	B	C	B	C	C	B	B

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 2024-25 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 2024-25 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). 01/03/2024 [<https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas>].

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Healthdirect (2023), Healthmap. Retrieved from: <https://studio.healthmap.com.au/>

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.