Aboriginal Continence – A Partnership Program

An Australian Government Initiative

A partnership project funded by the Australian Government through the Department of Health and Ageing.
Aboriginal Continence – A Partnership Project
Goulburn Valley Division of General Practice Ltd

Final Report

In partnership with:

- Goulburn Valley Division of General Practice Ltd
- Rumbalara Aboriginal Cooperative
- Goulburn Valley Health Regional Continence Service
- University of Melbourne, School of Rural Health

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August 2005
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ATTACHMENT A: EVALUATION REPORT BY THE UNIVERSITY OF MELBOURNE
It is with much pleasure that I submit the final report of the Aboriginal Continence – A Partnership Project to the Department of Health and Ageing.

The project has been a true partnership, with the aims of the project being met in a way that fostered relationships and addressed a sensitive health issue with a complex target group. It was widely recognised that there were privacy and sensitivity issues around this topic for the Aboriginal community, and that the project team needed to develop the trust of the Aboriginal Medical Service and the Aboriginal community that it services.

The Division’s section of this report is a factual summary of the project, otherwise known as ‘the boring bits’. I commend to you the Evaluation Report Aboriginal Continence – A Partnership Project, which was written by Dr Michael Tynan, from the University of Melbourne’s School of Rural Health in Shepparton, Victoria.

Dr Tynan’s report puts the human face to the project and contains many quotations from people associated with this project, as well as providing an independent evaluation in relation to the aims and objectives. Dr Tynan’s input to the Steering Committee ensured that evaluation practices were sound throughout and he also played a major role in the delivery of the cultural awareness training.

I would like to thank the members of the project team, being Dr Susan Furphy, project general practitioner and Chair of the Steering Committee, Ms. Lynn Gundrill, project Nurse and Ms. Wendy Amor, project Physiotherapist. The team worked well with the staff of the Aboriginal Medical Service at the Rumbalara Aboriginal Cooperative, in particular with Ms. Jane Rinaldi; all invaluable members of the Steering Committee.

Mr. Justin Mohamed and Ms. Sharon Charles of Rumbalara Aboriginal Cooperative were integral to the project, providing valuable input into the Steering Committee and assisting the program’s integration and implementation.

Many thanks go to Ms. Susan Baxter who provided the fantastic original artwork for the local brochure and poster and to KEE, the local Aboriginal organisation who produced them.

The Aboriginal Consumer representatives, Mr. John Murray and Ms. Kitty McCormack have guided this project. They have ensured that the information and education provided to the target group was culturally sensitive. Their input was vital to the project and I have no doubt that without their contribution the project could never have achieved what it did.

A final word of thanks to Ms. Lynn Gundrill, our project Nurse. Ms. Gundrill has worked tirelessly throughout the life of the project and has developed the trust of the staff and the community. Again, without her excellent work the project would not have been such a success.

It has been a highly enjoyable experience to work closely with all involved and I trust that the awareness of continence issues within our local Aboriginal community will continue to grow and be addressed.

Debra Cottrell,
Chief Executive Officer,
Goulburn Valley Division of General Practice Ltd.
Project Aims

- Assess the impact of local ownership and service delivery provided in a culturally appropriate way for continence issues, access to continence services and satisfaction with management of continence of the Aboriginal people in a rural setting
- Improve community awareness of continence issues and available means of health
- Up skill health workers and medical practice staff in continence knowledge and management strategies
- Build sustainable capacity in the broader general practice population by the provision of education and resources to general practitioners and practice nurses of the Goulburn Valley Region

Key Deliverables

1) Details of the Steering Committee established
2) Details of the recruitment process for the positions of Continence Nurse Project Worker, Physiotherapist and medical practitioner
3) Successful completion of the Cultural Awareness training by the project staff
4) An outline of the project plan, giving milestones to be achieved
5) Establish contact with the Independent Evaluator
6) The ongoing operation of the monthly continence service at Rumbalara Medical Service
7) Details of local continence promotional materials developed
8) Copies of the three months evaluation undertaken
9) Details of the ‘Train the Trainer’ education sessions for Rumbalara Aboriginal health workers and nurses
10) Provide a comparison between the achievements of the outcomes and objectives of the Project and the objectives of the National Continence Management Strategy as set out in the Recitals
11) A comprehensive evaluation of the project to provide a comparison between the achievement of the outcomes and objectives of the Project against the expected objectives and outcomes of the program as set out in the Recitals to the Agreement.

12) If applicable, an explanation as to why any of the outcomes and objectives of the Project were not achieved.

13) Where applicable, recommendations on how any outcomes or objectives that were not achieved could be achieved in the future.

14) Any statistics collected in the course of the Project.

### Outcomes

1. **Details of the Steering Committee**

   Steering Committee members:

   - Dr Sue Furphy (general practitioner)
   - Kitty McCormack (consumer representative)
   - John Murray (consumer representative)
   - Lynn Gundrill (Project Nurse)
   - Wendy Amor (Project Physiotherapist)
   - Justin Mohamed (Rumbalara Aboriginal Cooperative)
   - Sharon Charles (Rumbalara Aboriginal Cooperative)
   - Jane Rinaldi, (Rumbalara Aboriginal Cooperative)
   - Michael Tynan (University of Melbourne)
   - Debra Cottrell (Goulburn Valley Division of General Practice)
   - Kerry Markoulli (Department of Health & Ageing)

2. **Details of the recruitment process for the positions of Continence Nurse Project Worker, Physiotherapist and medical practitioner**

   This process was successfully undertaken with the appointment of the following:

   - Lynn Gundrill as Continence Nurse Project Worker
   - Wendy Amor as project Physiotherapist
   - Dr Sue Furphy as project General Practitioner
3. **Successful completion of the Cultural Awareness training by the project staff**

Project participants attended the above training, the key focus being on developing self-awareness of our own attitudes and cultural values, and how they may affect interactions with individuals from different cultural backgrounds.

In the Indigenous health context, this included the importance of understanding history as it has affected Koori people, and issues of institutional discrimination.

The workshops included a range of interactive and experiential exercises to explore issues and included participation of Koori community members. Examples of the sorts of activities undertaken in the workshops are:

a) **Bafa Bafa** – An interactive activity where the participants are divided between two cultural groups. Participants must ‘become’ a member of their society, obeying their cultural rules. Debriefing looks at issues of cultural shock, how we make negative judgements, how we assume our way is better and how easy it is to misunderstand other people with different value systems.

b) **Koori Panel** – The panel comprised of mostly Aboriginal people within the Koori Health Partnership Committee. They described their roles in the communities and participants were invited to ask questions.

c) **Dispossession exercise** – This exercise is designed to give participants an emotional experience of being dispossessed of their most important relationships and possessions, and to gain some insight into the Koori experience of dispossession.

d) **Institutional racism game** – Under the guise of light hearted fun, some game participants were set up to fail, and as the game progressed and the unfairness of the game begun to become evident, participants frustration and anger issues were explored.

e) **Videos:**
   a. **Babakiueria** – a satire looking at ‘what if’ Aboriginal people invaded the country 200 years ago and sought to impose their culture on the ‘native’ white Australians
   b. **The 4 Corners report** on the death of Aboriginal activist, Rob Riley, covering all the key issues such as the stolen generation, land rights, dispossession, abuse in institutions, inter-generational trauma, burden of leadership, etc.

4. **An outline of the project plan, giving milestones to be achieved**

- **JULY 2004** Establishment of monthly continence service at Rumbalara medical service – staffed by the continence nurse project worker, physiotherapist and medical practitioner. This clinic will operate for 4 hours per month, with provision for 2 hours of physiotherapy follow up mid monthly. Rumbalara practice nurse will also be in attendance at the clinic – in an observing role for the first three sessions, followed by active involvement in the subsequent clinics with mentoring from the project worker continence nurse, physiotherapist and medical practitioner.
31 AUGUST 2004  (6-months evaluation due) Revisit provision of Cultural Awareness Training.

JULY – OCTOBER 2004  Development of local continence promotion materials – involving local champions from the Rumbalara community. These materials (poster and introductory pamphlet) will endorse and support the Aboriginal Resource materials that have been developed and funded as part of the Commonwealth Government National Continence Management Strategy. These resource materials will be actively promoted through the Medical Service and at the community forums.

JULY – SEPTEMBER 2004  Train the Trainer program development for Aboriginal Health Workers and nurses at the Rumbalara Aboriginal Medical Service. (2 X 4 hour sessions involving Project Worker, Continence Services Nurse, Medical Practitioner and Physiotherapist).

OCTOBER 2004  Delivery of ‘Train the Trainer’ education sessions for Rumbalara aboriginal health workers and nurses. (2 sessions x 2 hours).

NOVEMBER - FEBRUARY 2005  Delivery of community forums aimed at raising awareness of continence issues, preventive strategies and management of continence problems, as well as introduction and promotion of the Rumbalara Continence clinic. The trained aboriginal health workers will facilitate these sessions, with support from the Continence project team.

DECEMBER 2004  9-month evaluation due.

MARCH 2005  Continuing Professional Development event for the general practitioners and practice nurses of the Goulburn Valley region. Provision of resources from the GPE project.

APRIL 2005  Final evaluation and final report to DoHA due.

In February 2005, the Steering Committee requested that, as the project was approximately two months behind the original timelines, the project continue with the operation of the clinics until the end of May 2005, rather than the end of March 2005. This request was approved by the Department of Health and Ageing.

5. Establish contact with the Independent Evaluator.

Completed as per Department of Health and Ageing requirements.
6. **The ongoing operation of the monthly continence service at Rumbalara Medical Service**

The initial establishment of the clinic and other aspects of the program saw several delays from the planned start up date. The Division has extensive experience in working with the indigenous population within our area, and particularly in partnership with Rumbalara Aboriginal Cooperative and had a good understanding as to the reasons for the delays.

Through the Division’s experience in targeting programs for the Aboriginal population, the following ethics have been developed in regards to program development and implementation:

- The process must be guided by close consultation with staff and consumers of the Rumbalara Aboriginal Cooperative.
- Services are best provided within existing Aboriginal service locations
- Expecting the Aboriginal community to complete extensive data collection forms is unrealistic
- Information and resources provided must be culturally and linguistically sensitive
- Education & information programs must be adapted to suit the learning preferences of the target group

To work within the above ethos takes time, and whilst the original project timelines could not be met, overall, the majority of the key aims were.

The Steering Committee was grateful to the Department of Health and Ageing for its agreement to extend the project to May 2005, to build on the successes to date and explore sustainability options.

Between August 2004 and May 2005, a total of 24 patients accessed the continence clinic. Of the 14 clinics held, 12 were full clinics (both continence nurse and physiotherapist) while 2 were physiotherapy only clinics. The clinic at Rumbalara was established in accordance with The Victorian Department of Human Services guidelines for Continence Clinics with Medical, Nursing and Physiotherapy involvement.

An electronic version of the continence assessment form was developed and loaded onto Medical Director with the assistance of Robert Fairmaid, the IT/IM Officer for the Goulburn Valley Division of General Practice. This enabled each practitioner to add specific information to the initial assessment and other medical staff at Rumbalara, involved in the patient’s care, able to access the continence assessment if required. (Examples attached to this report and provided electronically to the Department of Health and Ageing and the National Evaluator).

The 24 patients had 38 appointments with the doctor, 28 appointments with the physiotherapist and 22 appointments with the nurse. Two of the patients left the program during the year, one leaving the area and the other admitted to hospital on a long-term basis. Three children with disabilities also accessed the program but were referred to the mainstream service that was better equipped to cope with their particular needs.
The Evaluation Report Aboriginal Continence – A Partnership Project’ by the University of Melbourne, School of Rural Health notes that these statistics are an undercount because as the program developed, patients were seeking appointments with the doctor and physiotherapist outside of formal clinic times and hence were not recorded as a client contact for the program.

Possibly one of the biggest indicators of the success of this project, was the desire expressed by the consumer representatives that this project must be sustained on an ongoing basis, due the fact that the services were needed for the target group and noting the trust that had developed between the project’s service delivery staff and the Aboriginal community.

The Project GP, Continence Nurse and Physiotherapist, and the Practice Manager of the Aboriginal Medical Service all expressed a desire to continue with the project and options to do so, after 31 May 2005 were explored.

Major achievements in the area of sustainability were:

- Goulburn Valley Health agreeing to provide an ‘outreach’ service, on site at Rumbalara Aboriginal Medical Service – although limited in scale
- The same nurse and physiotherapist that have been involved in this project will provide the outreach service due to the trust that has developed
- The Project GP undertakes sessional work at the Rumbalara Aboriginal Service and will continue to mentor staff regarding continence issues, and provide support to the outreach clinic where possible
- The project partners will continue to explore funding options to support the establishment and sustainability of an ongoing Continence Clinic at the Rumbalara Aboriginal Cooperative

Whilst it is acknowledge that ongoing funding is imperative to the long-term sustainability of a Continence Clinic at the Rumbalara Aboriginal Medical Service, the positive impact of Goulburn Valley Health's decision to support this project, through the provision of a Continence Outreach Service, should not be underestimated. However, the service being provided is limited in scale in comparison to the continence clinics that operated as part of this project.

### 7. Details of local continence promotional materials developed

Hard copies of the poster, brochure and electronic template are contained within the report posted to the Department of Health and Ageing and the National Evaluator, and electronic versions of the brochure and template have been sent to the Department of Health and Ageing and the National Evaluator.

The Project Steering Committee made a commitment to develop local resources in culturally sensitive language and with a high degree of consumer input. There has also a decision made to have the resources developed and printed by KEEs, a Koori agency.

In September 2004, the project hosted a sausage sizzle at Rumbalara Aboriginal Cooperative where Dr Furphy outlined the project, and invited attendees to be a part of the pictures that would be utilised for the posters and brochures.
The project utilised a number of nationally produced continence resources for educational purposes, however, it was felt that the locally produced brochure and poster had a greater impact on the target community, as well engaging the wider community in the project and therefore increasing the reach of the project.

8. **Copies of the three months evaluation undertaken**

There was difficulty experienced in collecting written evaluation data for the University of Melbourne, School of Rural Health. The Steering Committee discussed several areas regarding evaluation including:

- 9 of the 17 participants at an educational forum needed help completing the evaluation forms, even though the form was simplified
- There was little understanding of the pre & post evaluation requirements
- The project may need greater reliance on qualitative processes rather than quantitative data
- The project could not insist that consumers complete the forms

The whole evaluation process for this project has raised methodological issues, which in themselves have been a significant learning.

The project received ten completed client surveys, 18 pre and 20 post evaluations from the Health Worker forums, and 24 pre and 17 post surveys from the community.

Not all clients were asked to undertake the client survey, if in the professional judgement of the clinician, it was inappropriate (eg. too intimidating, literacy issues etc.) This is consistent with the NHMRC ethical guidelines.

Literacy issues were significant at the community forum, requiring additional support from clinicians and health workers in filling out the survey. This is likely to be responsible for the reduced number of post evaluation forms returned.

Analysis of the community forum data showed the following:

- 30% of respondents were less than 40 years of age, 18% 41-50, 12% 51-60 and 40% 60+
- Between 70 & 90% of respondents had not attended a continence clinic
- Almost 50% had, or were unsure if they had, a continence problem
- 44% had little knowledge of continence issues before the forum (pre evaluation)
- 6% felt they had little knowledge of continence issues after the forum (post evaluation)
- Comfort levels with discussing continence issues with a doctor were particularly high
Variables need to be taken into consideration when drawing conclusions from the data, in particular, the participant's confusion with the pre and post evaluation style of data collection (i.e. felt that they had already answered the form & unsure why they had to do it again.)

Please refer to the Evaluation Report Aboriginal Continence – A Partnership Project’ by the University of Melbourne, School of Rural Health for a full analysis of the project.

9. Details of the ‘Train the Trainer’ education sessions for Rumbalara Aboriginal health workers and nurses

A two-hour session was undertaken at Rumbalara Medical Centre. Eleven participants attended each session including HACC workers, assessment officers, Rumbalara medical staff (doctor, nurses, and diabetes worker), local maternal child health nurse and Rumbalara maternal child health worker, and Community Interlink Aboriginal liaison officers.

The program was delivered by Dr Sue Furphy, project GP, Wendy Amor, project physiotherapist and Lynn Gundrill, project nurse.

The topics covered were:

- What is incontinence?
- How many & who does it affect?
- Continence is not just women's business
- How your bladder fits in
- Types & causes of urinary incontinence
- What should people do if they have problems with the waterworks?
- What can be done?
- Treatment options
- Pelvic floor assessment
- Pelvic floor exercises
- How do health workers talk about it?
- Some ways to bring up the subject
- Help is available – where to get help

All participants were given a kit to take home that included a copy of the PowerPoint handout notes, a full set of the Indigenous and non-Indigenous continence brochures – The Continence Gang, One in Three Women Who Ever Had a Baby Wet Themselves, The Continence Guide, and the project contact details. Participants were also provided with laminated attendance certificates.
GP Education

A continuing professional development session was held with GPs and allied health staff on Wednesday 13 April 2005. The event was entitled ‘Waterworks Problems’ and attended by nine general practitioners, four medical students, 12 practice nurses/nurses, and six others (31 in total).

Presenters included the Project’s GP, an obstetrician/gynaecologist, a geriatrician, a physiotherapist and the Project’s Continence Nurse. Please see the attached RACGP QA & CPD Evaluation, prepared by the Division’s Professional Education Portfolio Manager, Ms. Carolyn Howley. An independent evaluation was also conducted by the University of Melbourne and will form part of the final report to the Department of Health and Ageing in June 2005.

50 copies of the GP Training Education Kit and Video, which were produced by Western Australia RACGP, have been obtained for the cost of delivery, and are being distributed to GPs within the Divisional area.

10. Provide a comparison between the achievements of the outcomes and objectives of the Project and the objectives of the National Continence Management Strategy as set out in the Recitals

Recitals – Section B of the Funding Agreement states:

The outcomes and objectives of the National Continence Management Strategy Grants Program are to encourage innovation in the care, treatment, prevention and information for adult Australians in respect of incontinence. This program is a key component of the National Continence Management Strategy, which aims to improve the treatment and management of incontinence in Australia;

The objectives and outcomes of the project ‘Aboriginal Continence – A Partnership Project’ are consistent with the objectives of the National Continence Management Strategy Grants Program.

The Project has been innovative in its approach by providing treatment on site at the Rumbalara Aboriginal Medical Service, to ensure greater acceptance by the Aboriginal community.

The Aboriginal Consumer and Rumbalara Staff participants on the Steering Committee have guided this project, to ensure that the information and education provided to the target group has been in a manner that is culturally sensitive.
11. **A comprehensive evaluation of the project to provide a comparison between the achievement of the outcomes and objectives of the Project against the expected objectives and outcomes for the Program as set out in the Recitals to the Agreement**

Please refer to the ‘Evaluation Report Aboriginal Continence – A Partnership Project’ by the University of Melbourne, School of Rural Health. This independent evaluation report looks at the objectives and outcomes of the project in detail and forms a major part of the Division’s final report to the Department of Health and Ageing.

Also refer to sections 1 – 14 of this Report for specific information on activities as contained in the Recitals to the Agreement.

12. **If applicable, an explanation as to why any of the outcomes and objectives of the Project were not achieved**

An extract from the ‘Evaluation Report Aboriginal Continence – A Partnership Project’ by the University of Melbourne, School of Rural Health:

“A key target group that everyone acknowledged had not been effectively accessed yet was males. “Men – I just haven’t been able to reach the men… And I think that is because (a) we are female workers, and (b) I don’t think it is something that is talked about [among men].” Similarly:

Yes it is hard to tap into the blokes and … I think that just takes a more sustained effort really… I suspect it takes longer and you know keeping up that kind of effort to reach them… I think that it is a gender thing to start with. That it is a harder thing for them in the first place (as it is for men in the mainstream community).”

Only three men attended the men’s group. The Nurse Project Worker undertook meetings with Mr. John Murray, Aboriginal Consumer on the Steering Committee, regarding other ways to impart the relevant information to this target group.

Mr. Murray has regular forums with varying male groups and has been trained to provide information on continence issues and will incorporate this into any relevant forum in the future. The Nurse Project Worker has provided information kits to Mr. Murray and it is hoped that, over time, more Aboriginal males will access the continence clinics.

13. **Where applicable, recommendations on how any outcomes or objectives that were not achieved could be achieved in the future**

As previously stated, working in partnership with other organisations, and in particular within Aboriginal Communities, takes time. One of the most important issues is trust, and given the sensitivity of the health issue that was the subject of this project, time and trust issues were explicity linked. We did all the groundwork, developed the relationships, set up the clinic infrastructure, undertook the community education…..then the project ceased.
Goulburn Valley Health is providing a limited ongoing continence clinic service to the Rumbalara Aboriginal Medical Service, but to build on the trust developed and to increase the male representation in help seeking behaviours for continence, **additional funding must be sourced.**

### 14. Any statistics collected in the course of the Project.

Please refer to the *Evaluation Report Aboriginal Continence – A Partnership Project* by the University of Melbourne, School of Rural Health and Section 8 of this report.

#### Recommendations

1. To obtain minimum three year, but preferably ongoing, funding for an Aboriginal Continence Clinic to operate at Rumbalara Aboriginal Medical Service, consistent in style with the clinics that operated as part of this pilot.

2. If above achieved, to repeat the evaluation process at commencement, 12 month and three year intervals when increased patient numbers had been through the clinic, therefore providing a larger statistical cohort for analysis.

#### Conclusion

An extract from the *Evaluation Report Aboriginal Continence – A Partnership Project* by the University of Melbourne, School of Rural Health:

“In many respects, this project has shown itself to be much more than a project designed to meet a specific area of need for a specific client group. It has engaged successfully with partnerships arrangements across the two levels of government and the Aboriginal Community Controlled Health Service sector, complex cultural issues in the design of services to the most disadvantaged population group in the Australian community, drawing on a wealth of experience from partnership organisations (and the individuals working in these organisations) in engaging across this cultural divide.”

This was a valuable project, addressing a sensitive health issue and involving a complex target group. Its successful implementation has further cemented the relationships between the Goulburn Valley Division of General Practice, Rumbalara Aboriginal Cooperative, Goulburn Valley Health and the University of Melbourne, School of Rural Health.
Given that the project model implemented was successful, and the strongly expressed desire for the project to be continued by the community representatives on the Steering Committee, the project partners are committed to seeking every opportunity to fund an ongoing continence service within the Aboriginal Medical Service at the Rumbalara Aboriginal Cooperative.

The project partners acknowledge with thanks, the Australian Government’s funding of this project and trusts that the National Continence Management Strategy Program, within the Department of Health and Ageing, will support the partners in their search for future funding sources.

Report prepared by:

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