Latrobe Community Health Service

Gippsland Wide




OUR HISTORY

Latrobe Community Health Service: Our History, 1974-2010

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Foreword

The history of community health service in the Latrobe Valley has closely followed the development of Victoria's power industry. The first facilities were run by the Yallourn Medical and Hospital Society from February 1925 to service the State Electricity Commission's planned garden town of Yallourn. Health service provision began to expand across the Latrobe Valley with the construction of The Maryvale Mill in 1937 and later the Central Gippsland Hospital in Traralgon and the Latrobe Valley Hospital in Moe.

This history provides insight into the struggles of community activists to provide community health services for their communities. While the established towns of Moe, Morwell and Traralgon had access to private medical practices and local hospital facilities in the 1970s, the new satellite town of Churchill was populated by young families who found themselves without the facilities promised by governments. The struggles of the Churchill community to achieve their goals are testament to the power of small communities and the value of leadership. Yet this also illustrates the need for the changes that have occurred over the years to introduce good governance principles within boards of management.

Readers will recognise many of the names of people who have made a significant contribution to the growth of community health in the Latrobe Valley. These people laid the foundation for what we have today and we owe them all our deep gratitude.

From mid 1973 to the present we have witnessed the growth and expansion of community health programs across the Latrobe Valley and Gippsland. This history is a tribute to the men and women who have contributed to and developed community health services to a stage where today a wide range of programs are offered to all community members and contribute in a positive way to the health and wellbeing of our residents.

The release of this publication follows the recent rebuilding of the Latrobe Community Health Service site in Traralgon, the Official Opening of the redevelopment in Buckley Street, Morwell, the move to a new improved location in Macleod Street, Bairnsdale and plans for the future redevelopment of the Moe and Churchill sites. Each of these initiatives will ensure that Latrobe Community Health Service is able to attract and retain skilled staff who will continue to provide state-of-the-art services across the Latrobe Valley and Gippsland into the future.

John V Guy OAM
LCHS Board Chairperson 2009-2011

Timeline

10 April 1974	Whitlam Government's Community Health Program advertised
30 April 1974	Churchill CHC funding granted
Late 1974	Traralgon Community Nursing Service commenced
3 February 1975	Churchill CHC commenced at 2 Roy Court
23 March 1975	First meeting of Morwell CHC Interim Committee
17 February 1975	Moe CHC funding granted
5 May 1975	Moe CHC commenced at 48A Moore Street
13 November 1975	First meeting of Gippsland (later Latrobe Valley) Community Health Co-ordinating Committee
21 March 1976	First community health float in Latrobe Valley Festival
20 August 1976	Public meeting held in Morwell to address Community Health Program funding crisis
1 December 1976	Planning meeting to develop Erica and District Community Health Centre
1 March 1977	Moe Medical Clinic amalgamated with Moe CHC
16 June 1978	Traralgon CHC moved into 18 Deakin Street
11 November 1978	Churchill CHC building at 11 Phillip Parade officially opened
During 1978	Moe Day Centre commenced
29 August 1979	Traralgon CHC premises partially destroyed by fire
3 November 1979	Moe CHC building at 42-44 Fowler Street officially opened
Early 1980	Newborough Day Centre commenced
April 1981	Erica CHC opened the Thomson Dam Site Clinic
18 March 1982	Traralgon Day Centre opened at St James Church Hall
During 1982	Morwell Day Centre commenced
27 April 1984	Erica CHC Independent Committee of Management established
19 September 1984	Churchill CHC Wattle Club Day Centre commenced
During 1986	Morwell East Day Centre commenced
29 August 1986	Premises purchased at 11 Seymour Street Traralgon
26 June 1987	Traralgon CHC officially opened

20 March 1989	Moe and District CHC officially changed its name to Moe/Narracan CHC
31 May 1990	Moe Medical Group terminated agreement with Moe/Narracan CHC
1991	Amalgamation of Latrobe Valley CHCs first considered
29 September 1991	Central Gippsland Alcohol Drug Service (CenGADS) moved to Latrobe Regional Hospital
24 April 1992	Latrobe Valley Better Health Project launched
During 1993	Morwell GPs left Morwell CHC
21 October 1994	Decision made to amalgamate the Latrobe Valley CHCs
1 February 1995	LCHS commenced
August 1996	Alcohol and Drug Services moved to LCHS
14 April 1997	Master planning for a Latrobe Valley health precinct commenced
22 August 1997	Central Gippsland Public Dental Program moved to LCHS
1 October 1997	Aged Care Assessment Service moved to LCHS
7 September 1998	Latrobe Valley Palliative Care Service moved to LCHS
17 August 1998	Moe After Hours Medical Service (MAHMS) commenced
22 February 2000	Former Maddie's Restaurant site in Buckley Street Morwell purchased
March 2000	LCHS Moe site extension officially opened
1 April 2000	Amalgamation with CoCare Gippsland
May 2000	Four Morwell sites consolidated into two sites at Princes Drive and Buckley Street
31 March 2005	Former Country Fire Authority site in Buckley Street Morwell purchased
28 November 2005	Former dairy site in Buckley Street Morwell purchased
2006	Public Dental Service waiting list peaked at 66 months
July 2006	Fluoridation of Gippsland water supply
2 November 2006	State Government funding of $21 million for Morwell redevelopment announced
25 March 2008	Former Del Spana Motel site in Buckley Street Morwell purchased
18 December 2009	New LCHS Traralgon site officially opened
27 October 2010	LCHS Morwell redevelopment officially opened

Introduction to the Community Health Program

Latrobe Community Health Service: Our History, 1974-2010 is a commissioned history which maps the development of community health service provision in the Latrobe Valley. The history begins in the mid 1970s when the four independent Community Health Centres in Churchill, Moe, Morwell and Traralgon were funded.

The Community Health Program was first introduced to Australia by the Whitlam Labor Government in 1973. Part of a major review of hospital and health services, the Community Health Program aimed to provide a fully funded, integrated program that would be delivered in defined regional areas. Each Community Health Centre was funded to provide a comprehensive and co-ordinated health and welfare program that had been developed by its local community. Targeted areas for health promotion included nutrition, exercise, avoidance of smoking, and increased awareness about alcohol abuse and other self-medication. While some fee-for-service programs were permitted, in general, community health services were to be free to any member of the Australian public.

A total fund of $10 million was gradually distributed. The first projects to be funded prior to June 1974 were approved directly by the Minister for Health and received 100% of their capital and operating costs. Subsequently approved projects received 90% of the operating costs and 75% of the capital costs from the Federal Government, with the remaining funds to be provided by the State Governments. In the first year, 119 projects were approved, including Community Health Centres in Victoria at Queenscliff, Broadmeadows, Brunswick, Collingwood, Deer Park, Eaglehawk in Bendigo, and Churchill in the Latrobe Valley. Requests for funding in 1974/75 were expected to considerably exceed the financial assistance available. Among the Centres funded in the second year were Moe, Morwell, and Traralgon Community Health Centres.

Between 1977 and 1982, a period of no growth was imposed on the Community Health Program, restricting the appointment of new staff and the expansion of service delivery despite growing community needs caused by recession and drought. In Victoria, the Cain Labor Government expanded the Community Health Program in 1982 and, by 1987, was funding 80 Community Health Centres at a cost of $29 million. Eighteen of the Victorian Centres were newly established, including the Erica and District Community Health Centre.

The Victorian Community Health Centres were directed by locally elected Committees of Management and staffed by multi-disciplinary teams. On average, the majority of staff were nurses, allied health professionals and social welfare workers, with just 4% of staff being medical practitioners. The remaining 35% of staff were receptionists, administrative and clerical staff, cleaners and drivers. Services provided were to be tailored to meet the specific needs of the local community. Financial viability, however, remained an issue and a number of Government reviews of health services eventually led to a major restructure of the Community Health Program and the forced amalgamation of the four Latrobe Valley Community Health Centres in February 1995. The amalgamated Community Health Service continues to operate in 2011 in a model of community health that is unique, having been preserved only in the State of Victoria.

Churchill and District Community Health Centre

Churchill and District Community Health Centre was a pioneering project that was driven initially by the Churchill Citizens' Association to meet the needs of the new community. Churchill was a planned town, established in 1966 to service the needs of the new Hazelwood Power station, with approximately 80% of workers in Churchill employed by the State Electricity Commission (SEC) and up to 10% by the Australian Paper Manufacturers (APM). Don Flanigan was a member of the Churchill Citizens' Association. He was a Foundation Member of the Churchill Community Health Centre Committee of Management and, between 1974 and 1995, served six years as President. He remains a current Board Member of Latrobe Community Health Service and has served five years as Chairperson and three as Vice-Chairperson since 1995. Don Flanigan explains that the growing community of young families at Churchill needed a Community Health Centre.

When Yallourn closed, all the young ones came to Churchill. There were brand new houses - brick veneer. They were cheap. All the older people moved to Newborough, Moe, Yallourn North, Morwell area. They were pretty stable. They needed to be where facilities were. The young ones didn't think of that and came here because that's what was promised. We were going to have all these facilities. We were going to have medical facilities. They built the town, then they built the shopping complex, but they didn't build the necessities that we needed. It was very hard and rugged in the early days. You were dead in the water without a car.

One of the original residents of Churchill was Jean Brick, who was a member of the Committee of Management of the Centre from its inception until amalgamation, serving two terms as President from 1978 to 1980. Jean Brick outlines the scope of medical services in the early days of Churchill.

I was among the first one hundred who came into the town and I was the Postmistress. Most people that came into the town had two young children. Not a doctor in sight and a bus service that was very scarce if you had to take a sick child to Morwell. These days you go around and every house has two or three cars. In those days we didn't. They were all young people. I was perhaps one of the oldest in the town. There were about five of us who were over 50. We had a doctor that came out from Morwell once a week. You just lined up.

With young families in the town, the lack of after hours services was a great concern. Don Flanigan explains the difficulties Churchill residents faced accessing local health services.

After hours, we had to go to the hospital - Traralgon or Moe Hospital. Doctors would not come out to Churchill. Some people in Churchill managed to have doctors come out

after hours but they were probably influential people. I'm quite certain I was never able to get a doctor to come out of Morwell to see me after hours. That was the main driving force behind it - to try and get something into Churchill and this was an opportune time because the Federal Government - the Whitlam Government - was making money available for community health programs.

Another member of the Citizens' Association was Ross Ollquist. He came to Churchill in May 1967 to set up the local pharmacy with his wife Elizabeth, also a pharmacist. He was a long term member of the Committee of Management, having been involved from the original Interim Committee. Ross Ollquist recounts how the Churchill Citizens' Association members found the funding source for the Churchill Community Health Centre in 1974.

On Maundy Thursday someone drew my attention to an ad for Community Health Centres which closed the following Friday with Easter in between. So that left about three working days to do the submission.

Judith McKenzie was also a member of the Citizens' Association. She moved into Churchill with her family in 1966 in the week the first shops opened. She was involved with the Community Health Centre from its inception and was a member of the original Committee of Management from 1974. With her children home on Easter holidays, Judy McKenzie clearly recalls how they put the original submission together.

*People were agitating to get better services. Because I used to work on the **Churchill News**, I was sort of involved in a loose way. Then before Easter, I happened to go into the chemist shop and Ross said, "Would you be able to help me with something I want to do?" He had seen an advertisement in **The Age** for submissions being called by the Whitlam Government to fund Community Health Centres. He said, "We might give this a go." I said, "Alright" because I had access to the typewriter and the duplicating facilities at the **Churchill News** rooms in the house in McDonald Way. So Ross arrived. "This is it. Right, let's put this together." I remember all these bits of paper. I mean, we didn't have computers or anything like that, so I did do a bit of work on researching some of the things, but I literally spent from about 8 o'clock until dark typing it up. In those days, if you were typing, you had to retype it if you made a mistake.*

The Whitlam Government advertisement called for submissions for funding through the Community Health Program for both capital costs and operating costs. The funding for Churchill Community Health Centre was granted on 30 April 1974 so it became the first in the Latrobe Valley to be funded from the Community Health Program. The next step was for the Citizens' Association to set up the Committee of Management and to do so

it drew on expertise of the Gippsland Institute of Advanced Education (GIAE) in Churchill. The GIAE had been established at the Churchill site in 1972, and the Institute later became affiliated with Monash University. Don Flanigan outlines the formation of the Centre's first Committee.

A public meeting was called for interested community members from Churchill to form a Steering Committee and that was held in McDonald Way in the community building - it was actually a Housing Commission house but it was used as a church and everything. At that meeting we elected the first Steering Committee: Dr Bess Deakin - she worked at GIAE; Margaret Laury - her husband worked at GIAE and I think Margaret was involved with the Student Union; Jean Brick; Jacqui Foote, who was a trained nurse; Judith McKenzie; Ross Ollquist; Peter Hutchison, who become our Treasurer; Bruce Stephenson, who was our first Secretary; Peter Wood; and myself. So there was only ten. We had to nominate a representative either from local Council or the Hospital and because most of us were tied up with the Citizens' Association here at Churchill, we were always fighting the Morwell Council for improvements to the town, we opted for a Hospital representative and we got Len Walshe. And I think that was a magnificent choice… We were answerable to the Hospital and Charities Commission back in those days. We had three Trustees - Bill Barrett, Cr Ruth Dean and Peter Arch - he was the local Minister. Ross Ollquist was the Chairperson of the Interim Committee and I was his Deputy. And we were probably very innovative. We went and visited other areas. We went down to Queenscliff to see what they were up to because we heard that they were doing certain programs. The Board and staff went down. Actually we flew. We went by plane that day and landed in a cow paddock.

Besides visiting Queenscliff, the Committee also visited new Community Health Centres at Footscray, Collingwood and in particular Broadmeadows, where the staff were active in preventative health programs in the community and their Centre housed a union-supported physiotherapy rehabilitation service. Research into Health Maintenance Organisations was also carried out and led to a trip to Canberra. Don Flanigan summarises the rapid progress of the Centre from 1974.

We had our first election in October 1974 to form a full-time Committee and I was elected Chair. Jean Brick was my Deputy. We didn't receive any funding for a Manager or anything like that. We received funding for a couple of Community Health Nurses. We appointed Elizabeth Raymond and Emmy Bonnici. We were able to obtain a house from the Housing Commission at 2 Roy Court which was set up as a clinic and the idea was that mums and dads could bring their kids there and there would be two Sisters on. The Committee was the Manager and that's when it was a big learning curve for me because I then became on-call 24 hours a day, as did some of the other Committee members. Because if the community had any problems, they would just ring someone that was on the Committee.

Official Opening of the Churchill Community Health Centre
11 November 1978

Setting up

The crowd

First Committee President Don Flanigan

Cutting the ribbon

Incoming Committee President Jean Brick (right) and Manager Bruce Tucker
Courtesy of LCHS Archive

It was shocking actually. It got to the family at times - people ringing up complaining and staff ringing up complaining. But we survived and then we got funding to appoint a part-time Manager and we appointed Tom Brick, who was the husband of Jean Brick. We just grew from there. We got further funding.

Bruce Tucker took over as Manager from 1976. Later managers included Ron Cunningham from March 1982 until February 1990, Jim Blair and Greg Blakeley. Committee Presidents included Don Flanigan and Jean Brick, as well as Moss Chakera, Pat Little, Peter Hutchison, Ian Hamilton, Len Moore and Val Pollack.

Construction of the new purpose built Centre commenced on 7 February 1978 and Churchill Community Health Centre Society was incorporated on 28 February 1978. The new building was eventually finished on 2 October 1978 after delays caused by wet weather, and it was officially opened on Saturday 11 November 1978 by the Chairman of the Hospitals and Charities Commission Dr EW Wilder.

Prior to the new building opening, the early Centre had operated first in a Ministry of Housing home at 2 Roy Court and then expanded into larger premises in two adjacent Ministry of Housing homes at 23-25 Blackwood Crescent in 1976. There had been a 48% increase in the operating expenditure totalling $150,371 in the 1976/77 financial year. The Centre continued to expand its scope of services and appoint new staff. Don Flanigan recalls the appointments of the first doctors and a dentist.

We appointed a full-time manager. At the stage we advertised and we got two doctors from Tasmania - Dr Suzi Pui, who still works in Morwell, and her husband James Chui, who's passed away. They were our first two doctors. Then we advertised for a dentist and we got a dentist from Tasmania - Dr Stuart Edwards. So we set the dentist up then back in our house in Roy Court.

However, both new doctors resigned on 30 June 1977 in preference to becoming salaried. Despite being unpopular with many doctors, it was not unheard of for General Practitioners to be salaried in community settings. Yallourn Medical and Hospital Society, for example, had been paying a salary to a GP since 1920, with the first being Dr HWF Mitchell from Morwell working one day per week. Yet, the departure of the doctors from the Churchill Centre left the Committee with the challenge of finding more doctors willing to work in a rural area. New doctors and nurses were eventually appointed, as Don Flanigan explains.

We had some specialists come in from time to time. They'd rent rooms. We had two very good doctors in Hal Day, who came from Queensland, and Dr Ken Loh, who I thought was a brilliant doctor. But we also set up a 24 hour nursing screening service in Churchill after we got our doctors and we appointed four nurses - Elizabeth Raymond as Community Health Nurse and Emmy Bonnici, Pat Little and Elizabeth Johnstone.

The new doctors provided a weekly service to Boolarra from November 1977 and an industrial medicine program that was to include a Loy Yang Power Station Workers Asbestosis Survey to conduct medical examinations and lung function tests formulated during consultation with the State Electricity Commission (SEC) occupational medicine group. Unfortunately, the program was deferred when Dr Loh resigned at the end of 1984 and no replacement for him could be found. The medical practice was converted to a private fee-for-service arrangement on 1 July 1988 to ensure its future financial viability. Some of the doctors who worked at the Centre included Dr Rosalie Wilcox, Dr Barrie Mather, Dr Peter Williams, Dr Margaret Costello, Dr Helen Stanley, Dr Michael Woodbridge, Dr Pradeep Chhabra, Dr Fred Edwards, Dr Juliusz Buras, and Dr Paul Coughlan.

Churchill and District Community Health Centre provided medical and nursing services from its inception. In 1976, the Centre appointed a new Community Health Nurse. Don Flanigan recalls Mary Austin and the impact of her work.

> *We appointed a Community Health Nurse - a fully qualified Community Health Nurse. In those days, you had to come out of the Lincoln Institute with a Diploma. Ross, Judy and I interviewed Sister Mary Austin in the back of the chemist shop one Saturday afternoon. That's where we did most of the interviewing - Saturday afternoon in the back of Ross' chemist shop. We did a lot of our business in the back of the chemist shop with Ross. He was the driver in his quiet way… Mary Austin was a Community Health Nurse. She rarely worked out of this building. She went to the home and she visited the elderly, the young, everyone. She would get an idea in her head and she would just run with it and quite often you would read about it in the* ***Churchill News****. She set up this Early Intervention Program where she'd follow the child through from when mum brought it home from hospital.*

Among the many innovations at Churchill and District Community Health Centre was the Early Intervention Program, which commenced in mid March 1980 with a submission to the Early Childhood Development Program (ECDP) in Morwell for $12,000 per year to employ a physiotherapist, an occupational therapist and a speech therapist to work with children aged from birth to three years. The program soon reached maximum capacity of 45 to 50 children, but there was no permanent sponsorship. In 1986, partial funding was gained from the Commonwealth Schools Commission for a year and was then lost, before being reinstated in 1989. That funding, with an additional grant of $5,000 from the Jack Brockoff Foundation, enabled the program to continue until 1991. The therapists included Judy Bridges, Judy Tham, Judy Budge, Gwenda Moore, Marion Abery, Andrea Camier, Nancy McAllister and Louise Metlikovec.

The Community Health Nurse offered a diverse range of programs. Mary Austin and the Centre's first Counsellor Joy Williamson, who was tragically killed in a car accident in 1980, worked together to consolidate and develop a number of programs, including a Calorie Conscious Club in Churchill, Relaxation Classes, and the Ladies Discussion Group. As part of the first Operation Heartbeat, Mary Austin and a group of staff and

volunteers screened a total of 1,017 adults in Churchill and 2,529 others living in the area for hypertension. She also developed the Healthy Lifestyle Program, Human Relations courses at local primary schools, Operation Bikini weight loss and exercise group, and the ante-natal program. Mary Austin retired in March 1987. Other Community Health Nurses were Mary Atkinson, who initiated the Wattle Club, Gabrielle Bennett, Jenny Kent, Maree McQuillen, Beth Yates and Glennyss Frith.

Churchill CHC health promotion activities, early 1980s
Courtesy of LCHS Archive

Another innovation was the dental program for 1,200 local school pupils that commenced in 1977. Leanne Maskiell worked in the Churchill Community Health Centre School Dental Program. She was appointed as a trainee dental nurse in March 1979 and has been involved in numerous roles at Churchill and the Morwell and Moe sites of Latrobe Community Health Service since then. Leanne Maskiell, Executive Assistant Primary Health, outlines her various roles and describes the Dental Program in the context of the community health program at Churchill.

I've been Dental Nurse, Receptionist, Medical Records Clerk, and Accounts Clerk when we had the four or five doctors at Churchill. I've been Facilities Officer. I was casual Receptionist at three sites - Moe, Churchill and Morwell. I became the Alcohol and Drug Manager's Assistant Administrator and then Executive Assistant. I've enjoyed the challenges with all the changes. I started in 1979. I was in Churchill. It was very busy over there. We had four or five doctors, visiting specialists all the time. We had the dental clinic and that worked five and a half days a week. We did Saturday mornings. So it was really busy and it was a real hub of the community. Churchill in the early days had both public and private patients and we used to see people from the Morwell River Prison Farm as well. We had them one day a fortnight. Churchill used to have the Kinder and Preschool Dental Program. They used to walk down and the kids would have a ride in the chair, you'd have the big teeth and show them how to brush their teeth, give them a sticker and send them on their way.

Expansion of the Dental Service had been long planned when the second surgery opened in 1986. Throughout the 1980s, both dentists Dr Yun-Chin Leong and Dr Jeremy Stokoe led an ongoing campaign promoting the use of fluoride supplements as a preventative measure, particularly for children.

The Churchill and District Community Health Centre's programs continued to expand in the early years. By 1982, the Administrator Ron Cunningham reported that the Centre's staff were overworked, exhausted and burnt out due to the Government policy of no growth that limited the service development at a time when demands were increasing and Churchill was rapidly expanding. Besides relying on volunteers, the Centre also benefitted from the contributions of medical, nursing and welfare students on placement. Judy McKenzie highlights some of the programs conducted by placement students.

> *We used to put a submission in every year and get a student from one of the universities. We did a blood pressure survey of South Gippsland and this area, which was a really great thing. We did a hearing assessment survey for people in industry and things. We did a shift work impact assessment. So a group of us would go around - some volunteers, some workers - which was a really good community minded sort of thing.*

The placement students worked on a diverse range of projects. In 1981, a cartoon character Noisy Ned was used to raise awareness of noise pollution at the Latrobe Valley Festival. A welfare student from Gippsland Institute of Advanced Education (GIAE) surveyed the need for a kindergarten, two youth work students from the Victoria State College Coburg developed an outreach program to determine needs of youth in the area, and a shift work survey was carried out by a second year Social Work student from Monash University. The Social Work degree at Monash University Clayton was itself innovative, having commenced in 1974.

Some of the surveys and projects stemmed from welfare issues. The Centre's first Welfare Officer was Jenny Potten (nee Growcott), who commenced in March 1980 to work on pressing welfare issues such as the local housing crisis, lack of youth activities and shortage of child care services. Her workload was significantly increased with the influx of young families into the area created by the development of the Ministry of Housing Glendonald Estate on the fringe of Churchill, which left many young families new to the area isolated from facilities and services.

Churchill CHC ante-natal class, early 1980s - Courtesy of LCHS Archive

The Centre was soon seeking a second Community Welfare Officer to address the increased demand for services. Linda Stoneman was appointed in March 1985 to co-ordinate emergency relief funding and develop an eating awareness program and a women's youth group. Other Community Welfare Workers, including Jenny Kaighin, Bev Knowles, Maria Spackman-Williams, Robyn Walsh and Yvonne Sargeson, continued these and other programs such as Systemative Training for Effective Parenting (STEP) programs and drug education with the Valley Alcohol and Drug Service (VADS). Its long association with community health continued after it later became the Central Gippsland Alcohol and Drug Service (CenGADS), which moved to Latrobe Regional Hospital on 29 September 1991 and then to Latrobe Community Health Service in October 1996.

The Churchill and District Community Health Centre's Community Welfare Workers also initiated the Churchill Food Buying Group which commenced operations on 21 February 1990. It was set up to offer low cost food alternatives to financially disadvantaged people through a $10,000 grant from the Lance Reichstein Charitable Foundation and was run by its own Committee of Management, 21 volunteers and Co-ordinator Ernie Cooper. It became independent in 1991 with funding from Community Services Victoria.

Many of the programs run at the Churchill and District Community Health Centre were initiated to address a perceived community need. Judy McKenzie describes the involvement of the Committee and the staff in the Centre's wide range of services.

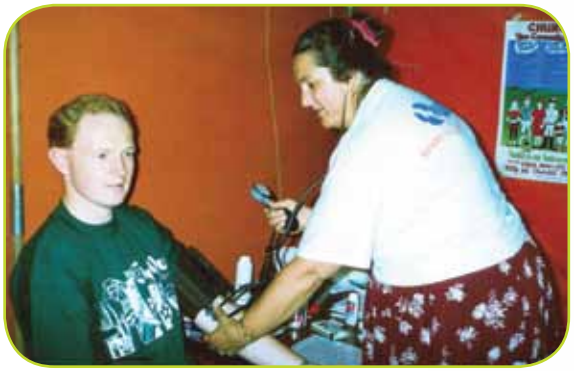
> *We were so taken forward by enthusiasm. We were involved in the youth centres and things like that as a Committee. We had Youth Workers working here… We had some sad things too, like I remember looking out and seeing this woman running in with a cot death baby. In the early days, I used to have an office where the Needle Exchange is now. Often I'd be doing other work and you'd see people come in with blood pouring out of their hand, or heart pains, or something, because there was nowhere else to go. We had a surgeon, a physician and an obstetrician. We had financial counsellors. We had a psychologist. We ran out of space, because we had so many visiting people. Not long after we opened here, we had Marriage Guidance needing a room. We did have a Drug and Alcohol program. The Yinnar South Country Fair - we were represented there. We had an Allergy Assistance Group. We ran Meals on Wheels from here too through the Council. The meals came from Churchill Hotel Motel. We had the District Nursing going out to the outer areas… But I think the Smoking Control Project was a really great thing because that was a first of its kind. We were visiting the schools trying to educate the young people.*

One community initiative was the Latrobe Valley Smoking Control Project, which was established as a five year pilot after a public meeting called by the Gippsland Community Health Co-ordinating Committee. It is widely believed to have been the only smoking control project in Australia at that time. The project aimed to educate children, conduct peer work in schools, and reverse the images of smokers and non-smokers.

The first Co-ordinator Gayle Scott was appointed in February 1980. Progress changing community attitudes was slow. Other staff were Alan Drysdale, Anne Cunningham, Ann Romain and Heather Enders, who left the Project to become the Centre's Counsellor from 1985 until amalgamation. The Churchill and District Community Health Centre was declared a smoke free zone from 1 April 1991.

Other work with young people was carried out at the Centre from the early years. In 1977, a Teen Centre was established in the Churchill Shopping Complex to provide recreation facilities. However, it was closed after being destroyed by vandals on 23 September 1978. From 1986, John Ernst, then Joanie Smith and later Sue Currie, ran the youth programs, which continued until amalgamation to offer drug and alcohol education, Quit programs, Sunsmart programs, health screenings, young men's and young women's groups, drama and recreation, such as swimming, bowling, ice skating, and a skateboard club. Outreach focussed in Boolarra and Yinnar and other events were run with Morwell Youth programs.

From the early years, the District Nursing service also provided outreach to Boolarra and Yinnar. By 1982, the service had expanded dramatically to more than 2,600 contacts and average weekly mileage of 577 kilometres in that year. The District Nurses worked with increasing numbers of short term patients after early hospital discharge and continued home nursing terminally ill patients. Long serving District Nurses Noel Dear and Emmy Bonnici were involved in the development of the Latrobe Valley Palliative Care Service, which later moved to Latrobe Community Health Service on 7 September 1998. District Nurses also attended training on nursing HIV/AIDS patients and worked with Churchill Cancer Support Group. Other District Nurses were Kerryn Patching, Hilary Pearson, Judy Woods, Heather Scott, and Mary Lafferty.



Churchill CHC Manager Greg Blakeley and Community Health Nurse Beth Yates at a health promotion event, late 1980s
Courtesy of LCHS Archive

The Churchill and District Community Health Centre provided a suite of primary medical, dental and community health services to the developing town and its surrounding areas over the years. Greg Blakeley joined the Centre in 1988 and undertook a number of roles in administration and management until 1994. Greg Blakeley summarises the scope of service delivery at the well established but dynamic and proactive Centre.

Churchill was a very vibrant Community Health Centre, very busy. It was one of the early Whitlam Community Health Centres, so it was - what is called these days - a social model of health. There were some really dedicated people, with a really holistic view of health engaged at that time, so it was quite a vibrant place, quite a dynamic place, and quite progressive in many ways. In those days, we had up to four GPs working there as well, so it had a large Medical Practice. Many people came to see the GPs obviously, but it did have a diverse range of programs that we would staff - Counselling, Welfare, District Nursing, Psychology, Public Dental, Youth Services, Community Health Nursing, Health Promotion. There were Exercise Groups and, at one stage, we auspiced the Toy Library. We auspiced support groups. We set up a Food Bank. We were pretty proactive at creating relationships and supporting different groups. There were a number of groups that we helped establish. There were cooking groups, social support type networking groups with various agendas that were part of the Welfare program. Some became self-sustaining. There was what is now known as a Planned Activity Group back in those days.

The Planned Activity Group program, which was set up in 1984 to meet a community need, was called the Wattle Club. Up to 50 people generally attended Wattle Club, which was co-ordinated by Bev Reynolds and run by fourteen volunteers including Joan Gardiner, who led its exercise group, Betty Wyatt, Muriel Coleman, and Pam Quirk. Wattle Club also made a significant impact outside Churchill, as Leanne Maskiell explains.

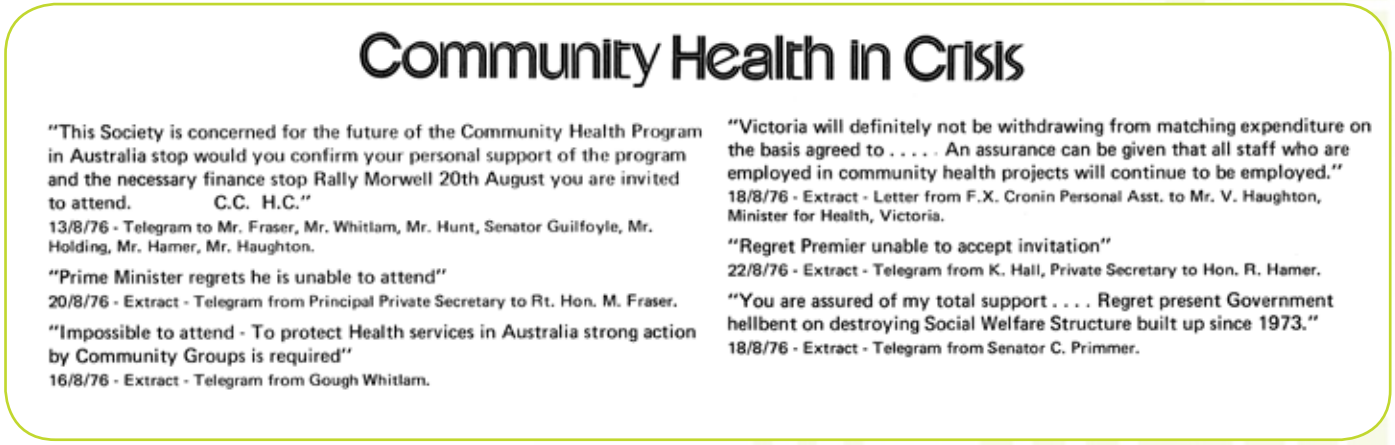
Churchill had the Wattle Club. That met a lot of needs out there. We looked at it as a Senior Cits for people who needed assistance, so not so much for age but people that needed help, or had Alzheimer's. It was like a respite Day Care Centre. Then it became for the Aged. But it was more for people from out at Yinnar, which was an ageing community. Churchill was just a hub where the young ones were relocating, but the rest of the area was a very old farming community, so they were the ones going to it. I think that was a very innovative idea out there.

The Wattle Club was initially unsuccessful in a Victorian Government Home and Community Care (HACC) submission in 1986, but was eventually funded from September 1988 and became a Planned Activity Group. Jean Brick has been a member of the Wattle Club for many years. She summarises its activities.

Now it's a Planned Activity Group and run through the whole of the Valley. The first Wattle Club was a privately run thing really. It's twice a week, Wednesdays and Fridays. It's from 10 til 3. You get picked up by the bus and come down. You get a cuppa first off and then we play different sort of games. We play quizzes or do crosswords or anything to get your brain working.

The community support for Churchill and District Community Health Centre was always strong. Don Flanigan describes the significant community response to the first funding threat the Community Health Centres faced in 1976.

They were going to slash funding for community health. We held a rally in Morwell that Churchill instigated. We got the support of the other centres. Because if the Federal Government opted out of it completely, the States weren't going to pick it up. We held a Community Health Crisis Meeting - I chaired it - in the auditorium in the Credit Union building in Morwell. So many people turned up, they were standing outside. It was a magnificent response. And of course every politician promised us the world and the State politician said that definitely no, they were not going to cut community health funding. The outcome of that was that the Federal Government backed away and things just remained the same. So we had a victory in that response and I still believe it was because of the number of people.



Community Health in Crisis

"This Society is concerned for the future of the Community Health Program in Australia stop would you confirm your personal support of the program and the necessary finance stop Rally Morwell 20th August you are invited to attend. C.C. H.C."
13/8/76 - Telegram to Mr. Fraser, Mr. Whitlam, Mr. Hunt, Senator Guilfoyle, Mr. Holding, Mr. Hamer, Mr. Haughton.

"Prime Minister regrets he is unable to attend"
20/8/76 - Extract - Telegram from Principal Private Secretary to Rt. Hon. M. Fraser.

"Impossible to attend - To protect Health services in Australia strong action by Community Groups is required"
16/8/76 - Extract - Telegram from Gough Whitlam.

"Victoria will definitely not be withdrawing from matching expenditure on the basis agreed to . . . . . An assurance can be given that all staff who are employed in community health projects will continue to be employed."
18/8/76 - Extract - Letter from F.X. Cronin Personal Asst. to Mr. V. Haughton, Minister for Health, Victoria.

"Regret Premier unable to accept invitation"
22/8/76 - Extract - Telegram from K. Hall, Private Secretary to Hon. R. Hamer.

"You are assured of my total support . . . . Regret present Government hellbent on destroying Social Welfare Structure built up since 1973."
18/8/76 - Extract - Telegram from Senator C. Primmer.

Extracts from telegrams sent in response to a community health crisis meeting called by Churchill CHC in 1976
Courtesy of LCHS Archive

The Churchill Committee had sent telegrams inviting the Prime Minister, Federal Leader of the Opposition, Victorian Premier, Victorian Minister for Health and other key politicians to attend a rally on Friday 20 August 1976 in Morwell to support the Community Health Program.

Each successive Government review of funding was challenged by the community if they felt the programs and services were under threat. One of the original aims of the Community Health Program was to have local community involvement in the design and operation of the Community Health Centres. Judy McKenzie reflects on the impact of Churchill and District Community Health Centre on the local community.

When you look at the list of staff that we had here, it was a pretty busy vibrant place, run by the community, which I can see now isn't always good. I think we really were so lucky in a lot of ways to get that initial funding. It was such a surprise too and I think a lot was achieved… It was always this would be great and that would be great. When we computerised the accounts in 1988, it was interesting. With most small communities, you know the patients coming in. When we went to computer, of course, everybody had to get their bills. The doctor couldn't say, "Hold that one back. We know they're going through a rough time." So little things like that, they do affect the way people relate to a place.

Amalgamation of the four Latrobe Valley Community Health Centres in 1995 had an influence on the participation and involvement of the community in community health. Leanne Maskiell reflects on the engagement with the community.

The community is used to being able to come in and through the 70s, the 80s and part of the 90s, they could do that. But it's changed and for one reason or another, they don't feel that access is quite as easy. There's still quite a few original locals on the Board which is good and that helps keep that balance as well. Churchill staff used to go out. They were always out there and the other staff would always volunteer to assist you so there was always that big community presence. That stopped for a long time. But I've noticed they've started to go back out again which is good. So things are coming around in some regards.

Latrobe Community Health Service continues to operate out of the original Churchill Community Health Centre building in Philip Parade to provide a range of medical, dental and community health services and health promotion programs.

Morwell Community Health Centre

A shortage of doctors and limited access to health facilities drove the development of a Community Health Centre in Morwell. At the time, the vast majority of families in Morwell relied on employment in the power industry, with a small minority working at LM Ericsson Pty Ltd or the Australian Paper Manufacturers (APM). While medical services had been provided in the town continuously since 1891, the situation in the mid 1970s was serious.

It was a shaky beginning for Morwell Community Health Centre. The Morwell Community Health Centre Interim Committee first met on 23 March 1975, after a Morwell Shire Council submission in June 1974 and the purchase of the struggling Morwell Medical Clinic. Trevor Donley, the Manager from 1977 to 1979, sums up how the Centre started with the backing of the local Council and Hospital.

Basically, from my memory, going back, the Community Health Centre started as a result of the collapse of the Morwell Medical Clinic. That arose out of an internal dispute within the medical clinic, after which a number of doctors tendered their resignations and left. The two who stayed up until the very end when it became Morwell Community Health Centre were Dr Ric Bouvier and Mr Tom Thwaites, who was the Ear, Nose and Throat surgeon. Essentially it was a collapse in the working relationships with the medical practitioners. Len Walshe came in from what was then Central Gippsland Hospital. Through his offices and with the establishment of a Committee of Management here, they looked at the idea of taking over that medical clinic and turning it into the Morwell Community Health Centre, which they then proceeded to do. My understanding is the drivers at that time would have been Len Walshe, Wes Jones, his son-in-law Dougie Trenham, Eddie Grinpukel, Murray Wigg and Stan Winchester.

Dr Ric Bouvier was the remaining GP at the Morwell Medical Clinic. He explains the circumstances leading up to the sale of the medical practice.

In 1951 I went down to Morwell and joined a group practice. We built a new purpose built building in 1956 and five of us moved into that and the practice grew up to seven over the years. There was one other General Practitioner in the town and a 16-bed hospital. I was there until 1974, when of the six GPs four resigned, ostensibly because they were overworked. When they left in 1975, I carried on with one partner, who was a full-time surgeon and not a General Practitioner, Tom Thwaite. We just advertised and advertised and couldn't get anybody else at all.

With a shortage of doctors in Morwell, the Morwell Shire Council grew concerned about the provision of medical services to the community and stepped in to buy the practice. Dr Bouvier explains.

> *It became a Community Health Centre because the surgeon and I - or our wives - had shares in Avenue Investments and they owned the real estate, the building, the block of land and the house next door at the back. We were overcapitalised and had nine consulting rooms and x-ray theatre. We had three practice nurses, which was way ahead of any other practice - three full-time practice nurses. They're just becoming fashionable now. We had about half a dozen consultant specialists coming out from Melbourne using a room - no rent - and our receptionist would make appointments to see them. We had a Practice Manager and an advanced medical records system that was, eventually, the prototype for the Royal Australian College of GPs' medical records system that is still going. So it was way ahead of its time. In the practice, we were very progressive. But when we were the Community Health Centre, we progressed backwards fast.*

The new Morwell Community Health Centre was up and running in 1975, located in the same premises as the former Morwell Medical Clinic in Princes Drive. The focus remained medical and it housed the doctors - Dr Ric Bouvier, Mr Tom Thwaite and also Dr Brian Woodward from Yarram - and rented space to visiting specialists including a skin specialist, an obstetrician and gynaecologist, and a psychiatrist.

Morwell Community Health Centre in Princes Drive Morwell
Courtesy of LCHS Archive

In its first years, some of the integrated health and welfare services the Centre offered included a weekly Family Planning Clinic and a visiting Community Psychiatric Nurse, a visiting District Nurse, a visiting Tuberculosis (TB) Nurse and a visiting Aboriginal Welfare Nurse. The Red Cross also used the Centre for a weekly Blood Bank service. At the time, a number of community health issues were raised in the team newsletter including alcoholism in the Latrobe Valley, Aboriginal youth groups for upper primary aged children, glasses for school aged children whose families were unable to afford them, and smoking. To address smoking, on 12 May 1976, the Centre declared all surgeries, including the casualty area, and the main waiting room non-smoking areas on a trial basis for three months.

Despite this promising beginning, the Centre was to lose its first manager, former Councillor Peter Hudson on Christmas Eve 1976 (immediately before the staff Christmas drinks), and its first doctor, Dr Ric Bouvier, on 17 January 1977.

A number of conflicts led to the resignations. In addition to a major legal dispute that had arisen concerning the ownership and use of medical records of Morwell Medical Clinic at the new Community Health Centre, Dr Bouvier had been notified on Friday, 1 October 1976 by Peter Hudson of a monthly rent increase from $100 to $150 effective from the close of business that day. This significant increase was well above the rental for GPs of $130 recorded in the Centre's recruitment advertisement in the *Medical Journal of Australia* in December that year. Besides the legal dispute over the medical records and the rent increase, Dr Bouvier had been unsuccessful getting on the Committee of Management. Further, the After Hours Telephone Service that had been operating for years via the Morwell Medical Clinic was taken over by the Community Health Centre on 15 November 1976 at 6pm. The Centre's first Community Health Nurse was appointed to implement this 24 hour a day, 7 day a week telephone service.

Dr Bouvier's resignation was a loss for Morwell and a shock to the community, as the *Latrobe Valley Express* headlines at the time revealed. Murray Wigg served on the Centre's Committee of Management from its inception until 1992 and was the Chairman at the time. Murray Wigg explains the situation.

> *Ric Bouvier was an exceptionally good General Practitioner. He sold the building. He got his money and then he wanted to still own the Practice and run it his way. He could not adjust to the idea of being a tenant. He was a brilliant GP. He was popular. He was well known. He'd been here a long time. He gave a very, very good service to the town over many, many years. He was even here when the old clinic was over on Commercial Road. Ric could not accept that he was not now making all the decisions. And yet, he was such a good bloke. He was very good with kids. And he was a hard worker. You know, he worked until he dropped… I remember one night Wes Jones, Reg Lord - who was the Shire Secretary - and myself sat up trying to find a solution with Ric and Tom Thwaite and much to my horror*

when we left the Council Chambers, the sun was coming up. We had been there all night and we could not thrash it out… So anyway, the upshot was Ric left and there was a large town protest.

Changes in management also occurred over the next few years. Murray Wigg outlines the succession of managers at the Centre.

The first one was Cr Peter Hudson. He started off as the Chairman in 1975 and then after a few months he abandoned that and became a full-time manager. He resigned on the 14th January 1977 and Frank Sutherland took over on that date. Then Frank Sutherland resigned on the 6th September 1977 and Trevor Donley took over on that date and then he resigned in February 1979. Darrell White took over on the 31st of January 1979.

During his term, the second manager Frank Sutherland aimed to consolidate the Centre. The past turmoil had resulted in a significant decline in patient numbers, which had begun to recover in mid 1977. Aside from recruiting more doctors, Frank Sutherland aimed to foster a more harmonious atmosphere and better public image in order to promote the concept of community health as well as to develop education and preventative programs.

Morwell's first Community Health Nurse Joyce Yates was appointed on 16 August 1976, in the months before Frank Sutherland took over. Joyce Yates described her first year in the Annual Report as busy. She worked hard to differentiate the role of a Community Health Nurse involved in preventative health and well being from a District Nurse involved in nursing patients. The community education campaigns she ran centred on preparing for retirement, preventing accidents in the home, preventing heart disease and parenting workshops. The first Friendship Group was set up to support day patients released from Central Gippsland Hospital and the Community Health Nurse also provided counselling, screening tests and advice on coping with disability, such as after a stroke. Joyce Yates left in May 1978 and was not replaced until 1979.

The Centre continued to offer services despite the difficulties retaining managers and staff. After Frank Sutherland left in September 1977, Trevor Donley was re-approached to take on the role of Manager and did so. Trevor Donley describes the Centre when he commenced and the recruitment of resident GPs.

I was Manager of Morwell Community Health Centre from 1977 until 1979. I was here to follow up the work from the previous manager Frank Sutherland and Peter Hudson, the manager before that. When I arrived, there was mainly visiting doctors with no permanent resident ones. We had doctors in from Traralgon practising - Tim Hegarty, Marion Manaf, the two Indian doctors, husband and wife, Aziz and Sayed Suleman… Then the Committee decided what they would do was start moving down the track of getting back into the

Community Health Centre specialists as well as residential GPs. They went for and got Geoff Francis. I then commissioned two doctors from overseas to come in - Tony Woodward and Ralph Lurie. So they were attracted out and they came out here, both from Yorkshire.

From the early years, it was difficult to find and maintain GP services. Shortages of doctors were met by overseas trained GPs who were attracted to community health outside metropolitan areas. Other medical specialists visited community health centres on a weekly or monthly roster. Murray Wigg outlines how the resident doctors and visiting specialists worked together at Morwell Community Health Centre.

We settled down with Dr Geoff Francis, Dr Tony Woodward, Dr Ralph Lurie and there was others. Dr Aftab and Dr Suleman were there for a while but they didn't stay long. There was Dr Sue Wright. Of course they had a lot of visiting specialists. Difficult pregnancies were referred to Doug Johnson and they were booked in on Tuesday morning when he came down from Traralgon and saw them. And Ron Rosanove the dermatologist would be up one afternoon a week and the bookings were made through the front office. The specialists rented rooms for a half day or whatever time they were there. They ran their own business. They sent out their own bills. They were tenants. It's like if you had a bike shop and you rented a shop. Their rent included the building, the staff, the phone, and all the facilities. They got a very good deal. But they also provided a very good service. So it was a means of keeping the facilities available for the community in the town, which was the Council's original aim.

Morwell CHC Committee Chairperson Murray Wigg (right) with Dr Ralph Lurie, 1982
Courtesy of LCHS Archive

The new medical team at Morwell Community Health Centre was indeed stable with Dr Tony Woodward remaining until 30 April 1987 and Dr Geoff Francis and Dr Ralph Lurie both leaving in 1993, having been involved since 1977 and 1978 respectively. Darrell White, who would later become the Centre's longest-serving manager, reflects on the benefit to the community of having doctors available via the Community Health Centre.

The community was having to wait up until two or three weeks to get a doctor's appointment in town. That was addressed. Ultimately it was addressed through these doctors being part of the Community Health Centre. I suppose to get them here in the first place, they were attracted here on a very, very attractive arrangement for renting the surgery that they operated out of and so over time, it was our role through the Board to really encourage, cajole and raise the rents more to reflect a commercial reality. I suppose there was always this other aspect of it, that philosophically there were people out there in the community who see community health as preventative health, which it is, and perhaps felt that having medical practitioners in a community health centre didn't philosophically sort of fit.

Despite an ongoing philosophical debate about the participation of GPs in community health, the stabilisation of the medical service at Morwell Community Health Centre enabled the development of other programs. From late 1977, the manager Trevor Donley drove change and a new focus for the Centre. He outlines the changes that occurred during his management.

At the time, they had already established, for want of a better word, a direction in planning and we were trying to broaden it out to the idea of actually becoming a Community Health Centre, not a defacto medical centre. Because up until then, a lot of it was about being a defacto medical centre. "We need doctors. We need doctors. We need doctors" without thinking about community needs. So I started expanding things. We brought in a Social Welfare Worker, Margaret Burrage. We brought in nurses like Chris Dodd, a Community Health Nurse, and Helen Robinson, Betty Poole and Linda Reed. All of those I recruited to bring in to drive the idea of community health nursing and community health. We provided a seven day service. People were on call, but we did, toward the later part of my time, start to provide what I call After Hours Services. For example, we introduced into community health over here a service for kidney patients and we established a kidney dialysis unit here in Morwell. We were prepared to do that. We hired caravans. We had a local doctor working with us at that time and we went down to the shopping centres and offered free heart checks and things like that. Where we found abnormalities, we would give them a referral back to their own doctor, with the idea of helping them. We entered into community education through the Welfare Officer and Margaret's task was to establish and maintain a program of community health education. We also established a Physiotherapy service for people who either needed treatment at home or alternatively were able to come in and get ongoing treatment here. Equally, we not only did heart screening but other health screening and we had various education programs associated with diet and weight loss. Basically my job was to establish all of that.

The scope of the service delivery was expanding and more community based programs and events were undertaken, but funding was always an issue in the Community Health Program. Trevor Donley explains the limitations of the funding model encountered at Morwell Community Health Centre.

> *Our hands were significantly tied by community funding and I know that from the start when we took over, there was a guarantee to the staff that they wouldn't lose their positions so they were incorporated into the Community Health Centre from the Morwell Medical Clinic. Then, for example for doctors, there was no funding for them. They became self-funding, paying rent to us for the use of the rooms, which in turn paid for our own administrative costs. But for additional positions, we had to apply for funding on a grant per grant basis. Sometimes the grant was twelve months and other times it was applied with a guarantee of refunding for two years. It was that kind of situation. So we were often tied by the type of projects we were to introduce in order to be able to justify additional staff.*

Despite the funding limitations, Trevor Donley had implemented all the changes outlined in his five-year plan after just two years, so he resigned in 1979 to study theology at the University of Melbourne. Also leaving soon after was Sister Sylvia McIver, who retired after 26 years at Morwell Medical Clinic and later Morwell Community Health Centre.

Finally the Centre was sufficiently consolidated to enter a long period of stability under the guidance of the next manager. Darrell White held the position from 31 January 1979 until the amalgamation of the four Latrobe Valley Community Health Centres in February 1995. Darrell White, like Trevor Donley, had come from LM Ericsson Pty Ltd in Morwell. Dr Bouvier too had also previously worked at Ericsson, conducting pre-employment medical checks and consulting daily in occupational medicine. Darrell White describes the expanded range of programs and services he managed at the Centre.

Morwell CHC Manager Darrell White (back right) with the administration team, early 1990s
Courtesy of LCHS Archive

Probably one of the first things that happened when I was there was the creation of the Morwell Community Volunteers program, the idea being to have somebody engaged to recruit volunteers to be able to provide a service, perhaps a visiting service, to people who are isolated. Eventually we had an Adult Day Care program so the volunteers participated in that as well. We were an outpost for Gippsland Psychiatric Service, which was Hobson Park in those days. So instead of all the folk with psychiatric conditions getting medication and having to go to Traralgon for it, they came to the Morwell Community Health Centre to get it and the Psych Nurse came here to dispense their medication to them. We finished up getting some money for a Family Counsellor and for a group called Latrobe Group for Rights of Injured People. The place had a whole host of other roles. It was the place for the Red Cross Blood Bank. It was the place for the Family Planning Clinic. It was the place for the Diabetes Education Service and we had an Auxiliary as well. It was the fundraising arm.

The growth of the Centre's scope was positive. Reporting to the 1980 Annual General Meeting, Darrell White records that while some people still referred to the Centre as "the Clinic", the image had improved, due in part to good media coverage particularly in the *Latrobe Valley Express*.

At this time, despite a government funding freeze, a new podiatry service had been implemented and Community Health Nursing was re-established at the Centre. In March 1979, Des Symes was appointed as a part-time Community Health Nurse. One of her first projects in the growing scope of programs was to interview the principals of primary and secondary schools, health workers in the major industries, and various welfare and support organisations to identify the health needs of the community related to the amount of junk food eaten, particularly by children, the abuse of alcohol and the lack of family life. Early parenting programs, women's groups and a gardening club commenced but soon fell into recess. Other programs were more successful.

The first major community health screenings started in the early 1980s. Community Health Nurse Nicolina Lowe was involved with hypertension screening conducted by the local Lions Club at old Morwell Town Hall. On 30 May 1981, 275 people were screened and approximately 25% were found to have elevated blood pressure on the day. 18% were smokers and 75% were overweight in relation to their height. Later, in April 1984,

"Food for Life is Fibre" health promotion at Mid Valley shopping centre, October 1984
Courtesy of Cr Darrell White

the Community Information Centre Caravan was used for National Heart Foundation health promotions including blood pressure screenings in National Heart Week. In October that year, a health promotion on "Food for Life is Fibre" held at Mid Valley shopping centre saw the Community Health Nurses carry out 250 blood pressure checks, 1,000 blood sugar tests, and hand out hundreds of leaflets and fresh fruit and vegetables over two days.

Throughout the early 1980s, the Community Health Nurses conducted a range of health education programs at local primary schools on nutrition and digestion, skin care and anti-cancer, and body knowledge, awareness and function. Helen Robinson, a weekend District Nurse, became a Community Health Nurse and was involved in the Grief and Loss Group at St Mary's Community Centre which soon developed into an independent self-help group. The first regional group of the National Association of Loss and Grief was formed in Gippsland and met monthly at the Centre. The Shire of Morwell's new Community Bus Pilot Project was also started at this time. New groups formed on shoe-string budgets, with increasing reliance on volunteers.

In 1980/81 Morwell Community Volunteers Association further developed with a grant from Family and Community Services for a part-time Co-ordinator. The volunteers undertook training and were mainly involved in visiting the elderly and transporting people. By mid 1982 the Association had tripled in size and moved to its own premises at the Old Town Hall. Grant money increased and, with new Co-ordinator Sue Eddington, they moved into the Centre in August 1983. However, by mid 1984 funding from Family and Community Services was reduced from $7,500 to $4,000 and the group received a Shire of Morwell grant of $1,000. The next Co-ordinator was Margaret Miller from the Moe Volunteer Group. In 1983/84, there were 59 volunteers working at the Day Centre, with the Friendship Group, and working with Valley Alcohol and Drug Service (VADS). Funding shortages led to more fundraising including a calendar. Later Co-ordinators included Kim Keamy, Margaret Kennedy who developed a handbook for volunteers, Effie Bridge, Gary McConnell, Rose Rennie, Pat Bartholomeusz, Gretel Soer and Elayne Cook.

Morwell CHC health promotion at Mid Valley Shopping Centre, mid 1980s
Courtesy of LCHS Archive

The Community Health Nurses at Morwell Community Health Centre ran a varied program throughout the 1980s that included a series of facilitated Healthy Lifestyle Courses including the first rural Home Safety Program conducted in 1985 by Dr Ric Bouvier of the National Safety Council. They also worked with other organisations and groups auspicised by the Centre, including the Diabetes Den, Latrobe Valley Arthritis Group and Lupus Group. Helen MacCubbin was one of the longest serving Community Nurses working for seven years. Chris Dodd started as a Community Health Nurse in 1985/86 and was involved in the Responsive Parenting Program, Stress Management, an Arthritis Self-Management Course with Beryl Cooper from Latrobe Valley Arthritis Group and a National Heart Foundation "It's time to lower cholesterol" caravan street promotion with District Nurse Fran Lipscombe. When Chris Dodd left, she was replaced by Rose Rennie, who was involved in the MammaCheck program which began in June 1987 and aimed to reduce the incidence of breast cancer in women through presentations, a video and practice sessions. An ongoing women's health group operated at Morwell Neighbourhood House. In 1993, a new support group being established was the Insulin Dependent Diabetes Mellitus Kids Group.

Morwell CHC's district nursing outreach to Yinnar, early 1980s
Courtesy of LCHS Archive

District Nurses were also involved in community health, particularly in the early years. In 1979, they conducted community health education program at Maryvale High Schools and were involved with Friendship Groups, the Raymond Island camp as part of the Life Enrichment Program, Meals on Wheels and palliative care services. Fees were introduced as a result of the 1990/91 State budget. The District Nurses included Chris Dodd, Lois Mawby, who had been a Community Psychiatric Nurse, Linda Reed, who was on the Steering Committee for Latrobe Valley Palliative Care Service, Ruth Clarke, and Pat Gibson, who moved on to the Morwell East Activity Centre for the Aged.

Thanks to the generosity of volunteers, the two Morwell Day Care programs operated on Tuesdays and Fridays at the Senior Citizens' Centres in Morwell from 1982 and in Morwell East from 1986. In 1989, Victorian Government Home and Community Care (HACC) funding extended their hours of operation to three days a week and the two Friendship Groups to two half days a week. The program included Australian, Italian, Dutch, English, Scottish and Spanish participants, who had conditions ranging from Alzheimer's and senile dementia to Parkinson's Disease, Motor Neurone Disease, Multiple Sclerosis, and Schizophrenia. The program also catered to the frail aged, lonely and depressed, and provided respite care. The Occupational Therapist provided craft activities that included, for men, basket weaving, tiling tables, parquetry and wooden toys and, for women, making bath salts and lavender giftware as well as knitting blankets, rag rugs, and coat hangers. In addition, a year round program of events included outings, concerts, luncheons, art demonstrations, shopping days, and visits by groups and organisations. The Adult Day Care Program benefitted on 6 September 1990 from the donation by the Rotary Club of Morwell of a 15 seat Toyota bus. In 1993, a new submission for Home and Community Care (HACC) funding hoped to further extend the hours, increase staff and provide additional respite time for participants.

The Morwell Community Health Centre's Welfare Officer also worked closely with the Community Health Nurses and District Nurses. Margaret Burrage, the first Welfare Officer, was appointed in November 1978 and became full-time in 1980 to deal with about 130 new Welfare service consumers per month. She established the two Friendship Groups for the elderly and people with disability, was involved in the Life Enrichment Program and established women's fitness groups. Jeanette Grant joined her on a part-time basis and became full-time in December 1981. In 1982, she became involved with the newly formed Latrobe Valley Ethnic Advisory Council and assisted in the preparation of

Morwell CHC's Church of Christ Friendship Group 4th birthday party, 1983
Courtesy of LCHS Archive

a successful submission to the Federal Government to employ a Migrant Community Worker in Morwell. Other welfare officers included Margot Busch, who started after a student placement, Julie Gregory of the Valley Drug and Alcohol Service (VADS), Ruth Vollmer, who was very active being a member on thirteen local committees, and Denise Turner, whose work focussed on low income families and issues of domestic violence, single parenthood, isolation and substance abuse.

Two projects were among the most significant achievements of Morwell Community Health Centre. Darrell White explains the Latrobe Valley Better Health Project and the Dental Health Program.

> *We were also the base for two things that I think were significant. One was the Latrobe Valley Better Health Project, which was about diet, injury prevention and nutrition. We managed to get significant funding through the Victorian Health Promotion Foundation for this program to be undertaken and it continues in a modified form today under the auspices of Latrobe City Council, which for some years has been known as Latrobe Safe Communities Program and which has enabled the municipality to have World Health Organisation status as a safe community. But the other one of course was that we were the location for the Federal Government's Dental Health program. We were one of the spots identified to take this on. We had to get staff up to speed on using a software package that enabled a certain amount of funds to be allocated monthly to folk coming through the door to get work done on their teeth.*

Morwell Community Health Centre operated until 1995, providing community health, paramedical and allied health services to the community. The Centre's Committee of Management was relatively stable. Eddie Grinpukel was a foundation member of the Committee and between 1975 and 1994 he served nine years as Treasurer and three years as President.

Morwell CHC Treasurer Eddie Grinpukel (left) with Manager Darrell White, 1987
Courtesy of Cr Darrell White

Brian Macintosh was another of the longest serving members of the Committee, having been involved since 7 April 1982 and serving five years as President and five years as Treasurer. After the amalgamation, he became a member of the Board of Latrobe Community Health Service and served until 2009. Brian Macintosh describes the ease with which the Committee of the Morwell Community Health Centre operated.

> *It was pretty smooth sailing. We had representatives from the local Council and from the Hospital. I started off being a representative from the Council. It was just routine. So I don't remember any really difficult times right through until the proposed amalgamation. We were looking, at that time, at completely redeveloping the whole site and we had plans and everything drawn up for that but nothing ever happened. There was never any funding for it. None of us were dramatically exciting organisations. We just ticked along and managed the funds that we had and the staff did what they were required to do.*

Staff of Morwell Community Health Centre not only carried out the activities of the Centre but also initiated and implemented many of the Centre's new programs. Their manager Darrell White describes the team atmosphere that led to the staff being so responsive to community needs.

> *I tried to be supportive of them all the way through, but to also give them, if you like, the kind of mindset to enable them to have some initiative and be able to think about doing things better and differently, and to try to respond to that when ideas came forward. We had a terrific crew there and really it was a shame in a way that it had to be pulled apart, but that's all I suppose for the troops, as I said, were really keen to be helpful in the community and to try and make good things happen, and they cared. I think perhaps more than today. I bump into them now and again, and they're just doing their job these days.*

Morwell Community Health Centre operated out of the original Morwell Medical Clinic building in Princes Drive until amalgamation. Latrobe Community Health Service continued providing community health programs from this site until 2006, before moving to a temporary location in Buckley Street adjacent to the new Latrobe Community Health Service site on the corner of Church and Buckley Streets, Morwell.

Moe and District Community Health Centre

Moe and District Community Health Centre was established following a public meeting on 17 February 1975. The Constitution and Model By-Laws were adopted on 10 April 1975. Moe Community Health Centre Society was incorporated on 2 October 1975. A community health service was long overdue in Moe.

Like Traralgon and Morwell, Moe in 1948 was home to around 2,500 people. By 1951 Moe's population had exploded to 15,000 making it - as locals claim - the fastest growing town in Australia at the time. Pat Bartholomeusz was one of the migrants who arrived to work for the State Electricity Commission (SEC) in Yallourn in September 1951. He became the Foundation Chairperson of the Moe Community Health Centre, starting - as he says - "in the days when nobody knew what a Community Health Centre was." Pat Bartholomeusz explains that Moe needed a Community Health Centre to address the health needs of a rapidly growing community.

> *The original population was completely swamped and the newcomers came from all over the world. A big attraction was of course the housing, because of the SEC program of expansion to meet post-war needs, workers were brought - a lot of them - from Europe and Great Britain. Straight from the ship at Port Melbourne. The Ministry of Housing had built thousands of 'low cost' houses in the region to accommodate this increasing population. The community had no social infrastructure, no support services at all, and almost from the beginning there were cases of family breakdown. The profession of Social Worker was unknown then. In about the mid 1960s, the problems were exacerbated, because by this time some of the settlers from the late 1940s early 1950s, who had completed their two-year contracts, had moved elsewhere when they had the choice to go. This created many vacant Ministry houses in Moe and the Ministry of Housing sent single parent families, desperate for urgent housing, from Melbourne to Moe, to fill the empty houses. There was no official notification to the Moe City Council or other Government Departments of the influx of a group of people who needed community support.*

This was a social situation Pat Bartholomeusz encountered as a Councillor. He had been elected to Moe City Council in June 1969 and served a term as Mayor from August 1971 to July 1972, during which time the Latrobe Valley Hospital was opened in Moe. He retired from the Moe City Council and from Moe Community Health Centre's Committee of Management in 1978. Pat Bartholomeusz outlines the early planning for Moe and District Community Health Centre.

Dr Stewart Mair gave me a 30 or 40 page booklet, an official publication of the Whitlam Government, on the establishment and funding of Community Health Centres and he said, "You have got to get a Community Health Centre in Moe." Of course I read it and I was jumping out of my skin. A totally new idea. Fully funded by the State and Federal Governments. Capital - 90% Feds and 10% State. Operating - 75% Feds, 25% State. Dr Mair also - just to make sure - told Councillor John Dwyer, who was on the Hospital Board and a National Party member. So I brought it up in Council that we apply to the Government for a Community Health Centre. "Oh no," - They were not interested - "We haven't got money to spend. Forget about it!" And I replied, "It's fully funded by the Government." "In that case, we will have one and you are our representative." So I became the representative of the Moe City Council and the Committee of the proposed Community Health Centre elected me to be Foundation Chairperson.

The original Committee included three doctors. Dr Stewart Mair was an original Committee member who served as President from 1977 until 1979. Dr Douglas McCulloch, who was the last GP left in Moe at the time, also became a Committee member. Dr Chris Lampel was attracted to the philosophy of the Community Health program and was later responsible for negotiating the doctors' rental agreement on behalf of the Committee.

The original Committee also included Moe's first Social Worker, Katherine Cameron, who had been appointed in 1974 and resigned in October 1976. She served on the Centre's Committee until January 1977. Additionally, Katherine Cameron and Pat Bartholomeusz were both members of the newly formed Moe Social Planning and Co-ordinating Committee (SPACC), which was established to plan and co-ordinate human services in the area.

One of the first actions of the provisional Community Health Centre Committee was to purchase land for the future Centre. The Committee members turned down a first offer of land in Albert and Market Streets made by Mrs Britter of the Purvis Family in preference for an alternative offer from Reg Shaw. Pat Bartholomeusz explains.

We had received an offer from Reg Shaw of two and a half acres of land in 42 to 44 Fowler Street, Moe - the present position - for $30,000. The Moe City town planners had previously advised that was the ideal location for a Community Health Centre which required plenty of space for parking. What Mr Reg Shaw didn't tell us was that it would cost a lot of money for the drainage.

It took some time to deal with the problems with drainage, a sewerage main and an easement, but they were eventually resolved by 1978. In the meantime, the site was used by Mr Fisher to graze his cattle in 1975 and by Alberto's Circus in September 1976. The original building was redesigned more than once and the plans were

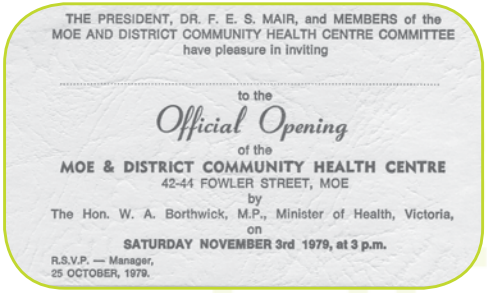
modified to accommodate a number of problems besides the sewerage mains and easement. One modification required was the removal of the proposed Adult Day Centre after a meeting in March 1976 with the Hospital and Health Services Commission in Canberra.

The provisional Committee endeavoured to raise public awareness of community health prior to opening the new Centre. On 24 November 1975, a public relations meeting was held at Moe Race Course to screen the film *Community Health: The Australian Concept*. The evening was catered by the Moe Social Planning and Co-ordinating Committee (with sherry, cheese and biscuits). Throughout 1975 and the next three years, preparation and planning for the new Centre continued. Pat Bartholomeusz summarises the Committee's progress in establishing the new Centre.

> *We kept on planning for the Community Health Centre in Moe. We eventually received something like $900,000. The Whitlam Government was defeated before the health centre was built. But we had the block of land and we had a hole in the ground and a sign 'Site for Community Health Centre'. Gunn and Hayball were chosen for the design and planning for the building. They are both now well known architects. At the time they were beginning their careers. It was the first major development in Moe for many years. Some people might think it looks like a shed, but it's functional. The doctors co-operated with the community members in planning the layout. It was purpose built from the start, but it wasn't opened until 1979. The services from the Health Centre commenced in a shop front in 48A Moore Street, Moe with two Community Health Nurses, a Receptionist and a Manager. The doctors were in their own clinics at that stage, because it was just a shop front.*

The amalgamation of Moe and District Community Health Centre and the Moe Medical Clinic did not take place until 1 February 1977. The new Community Health Centre operated from its temporary premises in Moore Street from 19 May 1975. The first manager Norman Lowe was appointed in September that year and the first Community Health Nurse and first Social Worker commenced in December. From May the following year, the Centre also operated on Saturday mornings.

It took some time to complete the new building. Approval was granted on 20 February 1978 and on 19 May 1978 a contract was signed with WG Campbell Construction Pty Ltd. The first sod was turned by Dr Douglas McCulloch and the building commenced. It was completed on 13 August 1979 and the Community Health Centre moved its activities from Albert and Moore Streets to the new Centre in Fowler Street. The Moe and District Community Health Centre was officially opened on 3 November 1979 by The Hon Jim Balfour MLA, Victorian Member for Morwell, who stepped in for The Hon WA Borthwick MLA, Victorian Minister for Health, who had been suddenly taken ill.



Official Opening of Moe Community Health Centre, 3 November 1979 - Courtesy of LCHS Archive

At the Official Opening, the Manager Norman Lowe described the building, emphasising the Community Room which was used by local community groups including the Day Care Centre Project, the Nursing Mothers' Association, and Moe branch of the Red Cross. The Centre was designed to provide facilities for professional staff such as social workers, community health nurses, community psychiatric nurses, psychologists, Marriage Guidance counsellors, podiatrists and General Practitioners. A bedroom was included in the design to cater to on-call staff. Additionally, the Centre housed a library, an administration area, a staff room and storerooms.

The long-awaited Centre came to fruition through the hard work of a number of local people, some of whom served on the Committee of Management for many years. Among them was Dr Jack Crameri, an original Committee member who served until October 1989, Margaret Wiemann, who commenced on the Committee in March 1976 and served until November 1989, Diane Butcher-Ford, who served on the Committee from August 1977 until she started as a staff member of the Centre in 1985, and Don Cracknell, who joined the Committee in March 1979, serving as President from October 1980 until the end of 1988. During this time, he worked with three managers, including Norman Lowe, Tedd Nobbs and Gordon Morgan. Other Committee Presidents were Anne Bek and Betty Collins.

Activities at the new Centre soon took off. In 1980, the staff provided almost 45,000 client contacts including more than 27,000 GP contacts, more than 14,000 Clinic Nurse contacts and more than 2,000 Community Health Nurse contacts. Three quarters of the patients were from Moe, with a quarter from Narracan. The annual operating grant was a quarter of a million dollars and the Moe Community Health Centre Society had 193 members. More than 27 organisations and groups used the Centre's facilities, including Access for the Disabled, Day Centre Volunteers Group, Moe Emergency Relief Fund, Nursing Mothers' Association, Family Planning Association and Moe Accommodation Resource Service (MARS). The Motor Accident Board Liaison Officer and new Latrobe Valley Financial Counselling Service were also both based at the Centre from 1981. These and other outside agencies continued to use the Centre's space until 1987. In August 1987, Moe and District Community Health Centre became one of two Centres in Gippsland and twelve in Victoria to participate in the pilot program for Health Service Agreements.

Moe Community Health Centre main reception, mid 1980s
Courtesy of LCHS Archive

On 20 March 1989, Moe and District Community Health Centre was renamed Moe/Narracan Community Health Centre and adopted a new logo incorporating a tree of life that was designed by Anthony Wolski, a graphic art student from Trafalgar.

Moe/Narracan Community Health Centre had grown considerably since its relocation to the permanent site at Fowler Street. Nola Lowe started as a Receptionist at the Centre in 1987 and became Secretary to the Committee of Management at that time. She continues to work for Latrobe Community Health Service as Administration Support Officer at the Warragul site. Nola Lowe describes the Community Health Nursing and other programs provided by the Centre in the late 1980s.

> *We had three Community Health Nurses. They weren't all full-time. We had a Welfare Officer, just after I started. One Counsellor that worked voluntarily. A Psych Nurse that used to come in from Hobson Park. An Asthma Educator that worked part-time. But our main base was probably our Community Health Nurses who did a bit of everything. They would always be putting the Syd Seagull suit on and going out to do that. And they had what they called a CARE-A-VAN and it was a caravan that they used to actually go out to the public and set up in this area. They'd stay there for the day doing sun spot checks, blood pressure readings and things like that. The other thing that we had was educating people to cook healthy meals and things too. The Welfare Officer and one of the Community Health Nurses used to do that for people and that was good.*

Many of these programs were developed over the years as a need in the community arose. Others were established while the Centre was based in the Moore Street shop front, where the first Community Health Nurses were appointed. Valerie Heil was appointed in December 1975 and Margaret Matthews commenced at the end of

March 1976. By February 1979, Denise Hendrikson had been appointed. The Community Health Nursing team ran preventative health programs, including school based head lice treatment and disability awareness programs, the Calorie Conscious Kids pilot program, birth control workshops, Quit smoking seminars, immunisations, and Systemative Training for Effective Parenting (STEP) programs. Other Community Health Nurses in the early years were Lois Mawby, June Watson, and Sue Willems.

Care-A-Van
Courtesy of LCHS Archive

Inside the Care-A-Van, late 1980s
Courtesy of LCHS Archive

By 1984, the team had stabilised with Julie Parker, Jenny Edwards and Kerry Morrell as the three Moe Community Health Nurses. They ran an extensive preventative health and information program until amalgamation, which included a number of initiatives that developed into independent programs and agencies. Jenny Edwards produced the newsletter, co-ordinated Funday Sunday and wore the Syd Seagull suit at Sunsmart promotions. Kerry Morrell ran all the school based programs, established a sexuality and reproductive health support group for teen mums and was involved in establishing the Child Assault Management Program. Julie Parker, who had joined the Centre in 1982, established numerous community support groups, ran parenting programs, retirement workshops, and statewide health promotions, as well as being a member of the Interim Committee of the Gippsland Women's Health Service. By 1993, the Gippsland Women's Health Service employed four full-time outreach workers, including a Project Officer who, under an official auspice agreement, was based at the Centre.

Moe CHC Community Health Nurses Jenny Edwards, Julie Parker (wearing the Syd Seagull suit) and Kerry Morrell, 1987
Courtesy of LCHS Archive

Among the first programs developed by the provisional Committee of the Centre were welfare, social work and community development programs. The first Welfare Officer Robert Sullivan was appointed in November 1975 and left in 14 January 1977. His resignation had quite an impact on service delivery as the hospital had not yet replaced Katherine Cameron, who had left in 1976. In May 1978, the Centre approached the Federal Hospitals and Health Services Commission for funding for a Social Worker and in November 1978 Frans Banens was appointed. He progressed the Good Tucker project, advocated for resources to alleviate the housing crisis in Moe, liaised with local police regarding problems related to underage drinking, and established a relaxation group in May 1979. In early 1979, the Centre prepared a submission to the Department of Immigration and Ethnic Affairs for an ethnic worker.

There were a number of social and welfare initiatives developed at the Centre. In 1980 Welfare Officer Sue Burney, who later served on the Centre's Committee of Management, co-ordinated the Moe Day Centre Program and established the Newborough Day Centre Program with the assistance of volunteers. In 1983, Community Development Officer Mary Hennessy ran a program with Victoria Police in the secondary schools in Moe and the Shire of Narracan to deter theft in the pre-Christmas period. Mary Hennessy also established a single mothers' group which became independent, but ended after an Australian Government Family and Community Service (FACS) funding application for its child care project was unsuccessful. From October 1984, Noel Burns, in a new position of Youth Outreach Worker, worked towards establishing facilities for youth in Moe and an outreach service for the Shire of Narracan. In 1988, Welfare Officer Terri Ruston was involved with Moe Emergency Relief Advisory Council and administered emergency relief funds. In 1992, emergency relief funds distributed totalled $24,699.77.

The Centre's health education program included an Allergy and Nutrition Education program that commenced in 1985 and was run by Diane Ford (nee Butcher), who stood down from the Committee of Management to take up the role. This program aimed to promote good eating habits, to educate parents on allergies and to promote breast feeding.

Free community blood sugar testing at Moe CHC, late 1980s
Courtesy of LCHS Archive

As it developed throughout the 1980s, the Allergy and Nutrition Education program exerted a significant impact in the community. The emphasis shifted from food allergies. The program re-introduced recycling to Moe, established a shared shopping program and arranged the distribution of food parcels. Gippsland Asbestos Related Diseases Support Network (GARDS) was established and, with the program's assistance, obtained Federal Consumer Health Forum funding to research the needs of families affected by asbestos. A Chronic Illness Project was developed and funded by a small grant to employ a project worker. Through this Project, Debbie Knight developed asthma and diabetes education kits which were launched in late 1992 and early 1993 at a dinner for medical professionals and allied health workers. Another flow on was the National Diabetes Supply Scheme. Like these later developments, the initial nutrition program was widely embraced. Nola Lowe explains how the nutrition program started.

> *It actually started off when we had a volunteer group and we grew our own vegetables out the back. One of the Community Health Nurses and also the Asthma Educator who used to come in and do welfare as well, they actually got it up and going. At the same time as growing vegetables, they got people into doing gardening, because originally myself and my son did the gardening around here. They are still the same roses that are out there. So*

they had a huge vegetable garden. Somebody wiped out our garden once, you know, took all the pumpkins! We had a huge food cupboard down the back. We got donations from outside agencies and also supplemented with food from our vegie garden. They would come and see a Welfare Officer, or the Asthma Educator, or the Community Health Nurse - She'd see them and she'd give them food. A lot of the people who came in for welfare felt quite comfortable to come back in and work in the vegetable garden and sort of help out, which was really good too.

Students from Baringa Special School and Moe Life Skills with volunteers at the Moe CHC community garden, early 1990s
Courtesy of LCHS Archive

The community garden at the Centre was maintained by volunteers and, in 1993, it produced 1,755.5 kilograms of green and root vegetables as well as 91 cabbages, 58 lettuces, 201 pumpkins, 781 marrows, 55 cauliflowers and a range of assorted herbs.

The Moe Volunteers Program was initially co-ordinated by Margaret Miller, who established working relationships with Morwell and Traralgon Volunteer Programs. In 1982, there were 81 volunteers in Moe supporting more than 290 people per month, including chemotherapy patients, a gardening club for pensioners, home tutoring for adult literacy students, friendly visiting to the elderly, and Meals on Wheels in Trafalgar. After 1986, the Volunteer Program was co-ordinated by Debbie Davidson, Maree Waterhouse, Ann Slocombe and Judith Watson. The range of support expanded to include transporting aged and frail people, administration duties, fundraising, and working with people with disability. In 1992, two thirds of requests were completed in around 440 volunteer hours per month.

Volunteers were important in the early years of community health. Moe and District Community Health Centre, like each of the other Community Health Centres in the Latrobe Valley, relied heavily on the contribution of volunteers as support workers, advocates, drivers and in building community connections.

One of Moe's most active volunteers was Iona Leitch who worked as a Volunteer Counsellor to assist with the high demand for individual counselling throughout the 1980s. The Centre's Counselling Service was established soon after moving to the new Fowler Street building. In 1980, the first Counsellor Diana Reid dealt with a wide range of issues stemming from marital breakdown, violence and sexual problems, loss and grief, incest, physical child

abuse, anorexia, antisocial and suicidal behaviour, and other neurotic or depressive symptoms. The other General Counsellors who later worked at the Centre included Herta Morellato, Therese Duckett and Hilde Rombout and the Marriage Guidance Counsellors who visited the Centre were Joan Farago, Trevor Hatten and Liz Medling.

The Centre arranged for a wide variety of visiting specialists to conduct weekly, fortnightly or monthly sessions in rented rooms. A Community Psychiatric Nurse was based at the Centre and a Psychiatrist from Hobson Park visited on Tuesday mornings initially monthly, then fortnightly and finally every week. Community Psychiatric Nurses who worked at the Centre included Noeline Feltham, Rita Van Vliet and Nicole Teijken. They worked with an average caseload of around 75 and their role was to provide home visits, crisis intervention, assessments, group therapy, individual counselling, and to administer and monitor medication. They also liaised with the State Electricity Commission (SEC) occupational health unit, school psychologists, the Child Maltreatment Group, Victoria Police, the Commonwealth Employment Service (CES) and a number of support groups such as the Bipolar Illness Support Group.

The year 1990 was one of dramatic change at Moe/Narracan Community Health Centre with the breakdown in the relationship with the General Practitioners. Ongoing concerns regarding the operating costs of the medical practice and requirement to bulk bill led to the termination of the rental agreement with Moe Medical Group. On 31 May 1990, nine doctors, six nurses, and their eight administration support staff left the Centre and their space was reallocated. The loss of doctors' rental income had a major effect on the Centre's finances and increased the deficit. Relations with the GPs began to thaw in 1993 as referrals that year increased from two to more than twenty.

Financial difficulties and a change of management helped the Centre reorient itself. Valerie Callister was appointed joint Chief Executive Officer of the Moe/Narracan and Traralgon Community Health Centres from June 1992. After the 1995 amalgamation, she became the Operations Manager of Latrobe Community Health Service. But her connections to community health date to the early 1980s when, as the local State Member of Parliament, she acted a strong advocate for the development of the four Community Health Centres in the Latrobe Valley. Val Callister explains how the Moe Centre repositioned itself after the loss of the medical practice.

> *The Community Health Centre had to reorient itself and focus pre-eminently on Health Promotion, Community Health Nursing, Welfare and Support Services, Counselling Services and Allied Health Services. As a result of that change occurring - the doctors leaving - the Community Health Centre really struggled. At that time, the Department of Health, as it was then, provided some support - Tim McMahon, a Planning Officer with the Department, had gone to Moe/Narracan to provide CEO services and then he left, so I was asked to go there with the agreement of their Board. That's really how I came to enter the fray with community health. The big challenge was to rebuild that service because it was quite a large building and we were rattling around in it a fair bit. We did that through*

attracting organisations, that provided services but weren't under our legal management, into arrangements within the building as well as starting on the journey of building up our own service domain. We did a lot of work with local government, Moe City, to provide Aged Care services as that was a platform we were building up.

In December 1990, the Centre had taken over as the responsible body for the Moe Day Centre which had been operating from its community room in Moe on Wednesdays for an average of 25 participants and in Newborough on Fridays for an average of 21 participants. Lyn Simpson was the Co-ordinator. Special events they held included a Mini Olympics, football finals, Melbourne Cup celebrations, a 1930s bush picnic at Old Gippstown and various presentations including one on advocacy and another on companion animals. Victorian Government Home and Community Care (HACC) funding was being sought to prepare plans and costing for a Day Centre building to be integrated with the Fowler Street building, an idea similar to that which had failed to gain funding or planning approval in 1976.

The closure of Latrobe Valley Hospital at Moe in August 1998 also had a considerable impact on the service delivery of the Centre. Val Callister explains how the Moe/Narracan Community Health Centre had worked with the Latrobe Valley Hospital.

Our partnership with the Hospital was basically with Aged Care services because they also ran a day program. I can recall we did a joint study on respite options for people with frailties and other needs. I can also recall doing a study of admission and discharge practices at the time. The hospital at that time, when it was part of the public system, both the Latrobe Valley Hospital in Moe and the Central Gippsland Hospital in Traralgon, were both providers of District Nursing Services and Public Dental Services. So the sort of services that community health provided was around the provision of pap smears, of counselling supports, continence advice and education, and health promotion generally in terms of monitoring people's cholesterol and blood pressure and other emotional health issues. They were very involved with people and families who had social issues. So there was a fair bit of joint work they did with the Welfare and Counselling arm of the service. It was quite a holistic approach which I hope still prevails.

Allied Health, and later Public Dental Services, were transferred to the Centre from the Hospital. Physiotherapy, Speech Therapy and Occupational Therapy sessions re-commenced at the Centre in 1993 with 690 contacts that year. The Centre also expanded other programs. In December 1993, the Epilepsy Foundation based their Gippsland support worker at the Centre. The Men's Project, run by Chris Laming, commenced in March 1994 with Health and Community Services funding as an initiative to address male perpetrated domestic violence. It included a support group and a twelve week men's responsibility program. Val Callister summarises some of the other programs offered at this time.

Exercise group at Moe CHC, early 1990s
Courtesy of LCHS Archive

There was always the education and information stuff about health promotion so people were resourced to improve their health - give up smoking, take up walking. There were lots of exercise programs. We mapped exercise walks in local communities. That was good work, with Heart Foundation involvement. And I guess we maximised our work with those organisations too - the Quit organisation, who ran accredited courses, so Community Health Nurses were able to provide group and individual smoking cessation support. Continence - that was another big issue. It was originally funded through the HACC program, but the Community Health Nurses were again involved, because of incontinence in children, you know, bed wetting. It is nothing that people tout about particularly, but it's a significant need in communities and the Latrobe Valley is a community characterised by a significant proportion of young families. So that was another area of work.

The Continence Advisory Service operated across Gippsland. The Regional Continence Advisor Norma Johnson had a busy schedule that included Bunyip Community Health Centre on Tuesday mornings, Warragul Access House on Tuesday afternoons, Moe/Narracan Community Health Centre on Wednesdays, Yarram Adult Activities Centre on the first and third Thursdays, Traralgon Community Health Centre on the fourth Thursday, and Leongatha Hospital on Fridays.

In 1993/94, the Centre passed re-accreditation under the new Community Health Accreditation Standards Program (CHASP) and was re-accredited until 1997. Despite this, the future was not secure. The financial strain on community health programs was not alleviated and, with amalgamation still being considered, the Centre

had to adopt new measures to ensure their viability. Moe/Narracan Community Health Centre and Traralgon Community Health Centre began resource sharing and from August 1993 agreed to share some staff, equipment and representation at various forums.

Amalgamation brought the four Latrobe Valley Community Health Centres together formally, but also redefined the areas in which they delivered services. Nola Lowe explains how the redefined local government boundaries jarred with the traditional community networks.

> *There was something that I found difficult when we first amalgamated. We were Moe/ Narracan Community Health Centre, then all of a sudden we were cut off from Rawson and we were cut off from Trafalgar. We offered services in those days to those people. Our service went into Baw Baw Shire basically. Narracan was Baw Baw Shire as well, so we were sort of going that way, and up towards Walhalla and Erica. That was difficult too, when we first became Latrobe and we had to offer most of our services - 99% of our services - to Latrobe and people sort of had to be turned away a little bit. We could never say no to people, but we were to inform them that there were services available in their area.*

Latrobe Community Health Service continues to offer medical, dental and community health services from the original Moe Community Health Centre building in Fowler Street.

Moe Community Health Centre in Fowler Street Moe
Courtesy of LCHS Archive

Erica and District Community Health Centre

The need for a Community Health Centre in the Erica district was established in the process of preparing for the Thomson Dam construction project, which was undertaken to secure a water supply for the growing city of Melbourne.

A planning meeting was held on 1 December 1976 at Latrobe Valley Hospital in Moe between representatives of the Victorian Hospital and Charities Commission, Melbourne Metropolitan Board of Works (MMBW), Ambulance Services, Shire of Narracan, Erica branch of the Red Cross, and Dr Chris Lampel of Moe and District Community Health Centre Committee of Management. As a result of that and a subsequent meeting, the first clinic was set up in a temporary building provided by the MMBW - the Tin Shed - to house a Community Health Nurse, an ambulance and medical equipment. This provision considerably extended the services available in Erica, as local residents had previously relied on the Infant Welfare Centre sister and Red Cross first aiders.

The Clinic was managed by the Moe and District Community Health Centre Committee of Management and it grew rapidly from June 1977 when Patricia Addison was appointed full-time in her role as a Community Health Nurse. Dr Kaye Birks from Moe Medical Group provided two medical sessions per week. The Clinic was open from 9 am to 12 noon and 6 pm to 7 pm from Monday to Friday. These hours were organised to treat construction workers for non-workplace issues without requiring them to take a day off work.

By early 1979, the Clinic had moved to a permanent building which, with a new fully equipped ambulance, had been provided by the MMBW. Services included Alcoholics Anonymous, ante-natal classes, a Trimmers' Club, a playgroup, a Home Help club, immunisations, and a visiting Blood Bank. The expansion of programs were limited due to the minimum number of staff. Yet, the Clinic maintained an After Hours Service and provided a transport service to Moe for the elderly.

The local population increased from 400 in December 1976 to over 3,000 by December 1981. Client contacts increased proportionately which required additional staff to be appointed. From April 1981, the Clinic provided an on-site emergency service at the Thompson Dam construction site. By 1982, eight new nurses had been employed by the Moe and District Community Health Centre Committee of Management to cover a 24 hour a day, 7 day a week service. Full-time staff were rotated between the Erica Clinic and the Dam Site Clinic, where both ambulances and all medical equipment was provided by the MMBW. In Erica, the Clinic provided Meals on Wheels, a schools program and physiotherapy as well as GP sessions each week on a fee-for-service basis.

In late 1983, as the Thomson Dam was nearing completion, the Dam Site Clinic was scaled back and staff relocated, including Rose Rennie who moved to Morwell Community Health Centre. The Erica Clinic, however, continued to offer services to the local residents and, as the population changed from single construction workers to young families who had taken advantage of the cheap housing that became available, the community health programs expanded. The Community Health Nurses Alan Lowe and Annemiek Gladman-Kaspers provided more than sixteen different programs that ranged from home nursing and diabetic education to hypertension screening and an anti-smoking campaign. The Erica Advisory Committee, which had been established in October 1982 by the Moe and District Community Health Centre Committee of Management, became an independent Committee of Management for the new Erica and District Community Health Centre on 27 April 1984. The first President was Patricia McCormack. In August 1984, the original MMBW building was purchased. The new Centre was officially opened by Jim Menzies, the Regional Director of Health.

From 1985, the focus of services provided at the Erica and District Community Health Centre changed. With the closure of Dam Site Clinics at Thomson Dam and Blue Rock Dam, the programs became more diversified and the Community Health Nurses offered services that resembled bush nursing. They provided District Nursing, Emergency and After Hours treatment, First Aid training, health education and promotion including road safety and an annual snake awareness campaign, as well as yoga classes and a VicSwim program. In Easter 1987, Alan Lowe and Dr Jill Rothwell ran a clinic for 600 visitors from the Dandenong Motorcycle Club. Moe and District Community Health Centre continued to support the Erica Centre through Welfare services and with their Community Health Nurse Julie Parker running the MammaCheck program. In 1990, the Erica Centre took over the *Thompson Times*, which had been produced by the MMBW since 1977, so that it could be used as a forum for the dissemination of health promotion news. Despite the Moe Medical Group severing ties with Moe/Narracan Community Health Centre, the GPs continued to offer medical services at the Erica Centre.

The local community also continued to support the new Erica Centre. An Auxiliary was established during the first year the Centre was independent. Successful fundraising through a Melbourne Cup Eve dinner, a Fun Day sponsored by the Lioness Club of Mt Erica and a raffle for a china doll led to the purchase of a second vehicle. Local bingo proceeds were also donated to the Centre. Impressive fundraising efforts in 1991 saw the community contribute more than $8,000 towards the purchase of a twelve seat community bus.

The Erica and District Community Health Centre eventually became part of the Shire of Baw Baw when the local government boundaries were redistributed. The Centre continues to operate, providing community health services and programs to the residents of Erica, Moondarra, Rawson and Walhalla.

Traralgon Community Health Centre

Traralgon Community Health Centre officially opened on 26 June 1987, but its origins date from the mid 1970s. At that time, Traralgon was a service town, traditionally oriented to Sale and Rosedale, with employment diversified across a range of industries such as the Central Gippsland and Hobson Park Hospitals, the Australian Paper Manufacturers (APM), dairy farming and forestry. Later it also included the power industry after the construction of the Loy Yang power stations.

In the mid 1970s in Traralgon there was an identified need for more support for the frail aged and people with disability. Subsequently, in 1974, a Community Health Nursing Service was organised by a group comprising the local Welfare Officer Lorraine Bartling and three local nurses Dulcie Harris, Val Chandler and Mitty Costello. Having worked in a joint appointment as Welfare Officer with the City of Traralgon and Central Gippsland Hospital since 1968, Lorraine Bartling became one of the original members of the Traralgon Community Health Centre Committee and later served as a member of the Latrobe Community Health Service Board. Lorraine Bartling explains how the original Community Health Nursing Service worked together with GPs and social workers to address the community's needs.

> *There was this ability to have good communications with others. They would come to my office regularly when I was Welfare Officer with the City of Traralgon. Because I've got a nursing background as well as a social work background, they often came to me requesting me to support them with the community and social work areas, and things like that. So it was very much a team effort. And our GPs - there were three or four major clinics at that stage - I would have morning tea with them, once a week for each clinic, so that the community would be able to be sure that the referrals would come from the doctors either to me or to a Community Health Nurse. The Infant Welfare Centres were very much part of a co-ordinated group of people that worked for the betterment of the community too. Occasionally if a GP was busy, they would ring. When somebody had a fall, they would ring me and ask me to visit at night if they were busy. Because it was a small community I suppose it was able to be done like that. We had Hobson Park here too. Hobson Park had a social worker who, about three or four years after I came, was killed in a car accident. They didn't have a social worker for a long time after that, so they put pressure on the City to assist them at times too.*

The Community Health Nurses were initially located in a room at the Shire Offices and then later used the Presbyterian Church Hall on the corner of Church and Kay Streets. It was not long until Val Chandler left for Benalla, at which time she was replaced by another nurse Ailsa Barr. A public meeting was called to expand and assist the program, which was essentially staffed by the four volunteering on top of their employment.

Len Walshe, from Central Gippsland Hospital, and Pearl Reeves, who later became a Committee member in 1978 and served through to amalgamation in 1995, were present. As a result, the Community Health Nursing Service was registered and received a funding grant to purchase a house at 18 Deakin Street, where the Traralgon Community Health Centre was established. Lorraine Bartling explains how the Centre operated with few staff and many volunteers.

> *The Community Health Centre was a very small centre of two Community Health Nurses and the Social Worker Philip Marsh who used to work part-time. There was a Receptionist at one stage, but that was it. They didn't have the medical practitioners or the dentist, so it was very focussed. It was a new service provision. There were volunteers. There were a lot of volunteers for Meals on Wheels and friendly visiting and we had a very strong Home Help service, especially for the disabled - Special Home Help they used to call it in those days. We had a very strong group there.*

The Centre was able to extend its hours and open all day each weekday from November 1978, when Pat Bricknell was appointed as a Receptionist. In January 1979, Philip Marsh was appointed as a Community Worker shared between the Centre and the Hospital. In February 1979, Valerie Heil, who had previously worked at Moe and District Community Health Centre, commenced as a Community Health Nurse. Two original part-time Community Health Nurses Mitty Costello and Dulcie Harris were farwelled in June 1979 and Ailsa Barr and Sue Willems, who had also previously worked at Moe and District Community Health Centre, became the new full-time Community Health Nurses. At the time, the Committee was led by President Bob Patrick and included the Hobson Park Hospital psychiatrist Dr Bell and Dr Sinclair, Brian Bricknell, and a new Central Gippsland Hospital representative Adrian Crosier, who served on the Committee until 1993.

With the expanded scope and new staff, the service shifted from a primary focus on nursing to centre on preventative health. Health education was the main activity undertaken by the Community Health Nurses and sessions focussed on illness, disability, nursing homes, alcohol abuse, nutrition and a schools program. They also provided counselling for individuals, couples and families as well as Meals on Wheels, Home Help and Visiting Nursing. Groups that met at the Centre included a Sudden Infant Death Syndrome Support Group and Self-Help Groups for Diabetes, Ostomy, Unemployed Youth and Single Mothers. Additionally, a playgroup and a friendship group operated out of the Centre.

The early Traralgon Community Health Centre faced a number of challenges. These were encountered by Pearl Reeves when, in 1978, she attended her first Committee meeting with Mike McCabe, Les Metcalfe, Mary Walshe, Mitty Costello, Bob Patrick, and Keith Heil. It was a crisis meeting to address a number of problems that had arisen concerning accountability to the Hospital Board, the limited scope of services delivered, and the limited number of clients contacted. After Pearl Reeves returned from a holiday, she attended another meeting to find - what she described in her history of the Traralgon Community Health Centre - as "a big storm brewing".

Meanwhile a fire partially destroyed the Centre's house at 18 Deakin Street on 29 August 1979 at 3.40 am, causing an estimated $50,000 damage and the loss of facilities and resources.

Traralgon CHC at 18 Deakin Street after the fire on 29 August 1979 - Courtesy of LCHS Archive

The Centre was temporarily relocated to a shop front at 60 Hotham Street until the beginning of November 1979. By then, the Centre had almost ceased operations. Most of the Committee and staff had resigned in the month of October 1979. The Receptionist was terminated in December 1979 due to a lack of work and all funds were frozen. A small grant of $3,000 allowed Philip Marsh to continue as a social worker, funded half-time by the Community Health program and half-time by the Central Gippsland Hospital. Three support groups also continued and, following a Victorian Health Commission instruction, the remaining Community Health funds were managed through the Hospital.

The community response to the Health Commission's decision to hand the Centre over to the Hospital was to protest. In March 1980, at a Special Meeting, 24 members of the Traralgon Community Health Centre voted to continue independent service provision. In June the same year, the Committee was again summoned by the members to a Special Meeting and again voted to reject the Health Commission's offer of new management arrangements. A campaign resisting amalgamation with the Hospital was led by the Committee and occupied considerable time throughout 1981. To prepare their case, Committee members visited Community Health Centres attached to hospitals, including the De Paul Centre in Fitzroy, where Morwell's GP Dr Ric Bouvier had previously worked, and the Community Health Centre in Coburg. In mid 1982, the Committee formally sought to reverse the Health Commission decision but were unsuccessful.

The Traralgon Community Health Centre continued to operate with one part-time Social Worker based at the Central Gippsland Hospital until 1984, when Philip Marsh resigned. Throughout this time, the Committee

remained nominally independent from the Hospital and continued to monitor the service provision under the leadership of Presidents Bob Patrick, Joyce Yates, who had been the first community health nurse at Morwell Community Health Centre, Dr David Currie, and then Ted Addison.

Between 1980 and 1984, service provision continued despite the difficulties with management and funding. In 1981, the Year of the Disabled, a support group was established for people with disability and later that year health education and information pamphlets were distributed in showbags at the Grey Street Fete and on the Apex stand at the Traralgon Show. The Families Together Program continued and new support groups for Acquired Brain Injury (ABI) and depression, anxiety and shyness were established. Collaboration with the Valley Alcohol and Drug Service (VADS) also continued and a support group for alcoholics was established in conjunction with Community Psychiatric Nurse Rita Van Vliet. In the community, a lack of awareness about the Hobson Park Community Psychiatric Program and mental illness in general created some social tension. Lorraine Bartling describes some of the other community health issues faced at the time.

> *During the construction of Loy Yang, we had three or four - it might have been five - caravan parks, because we had a lot of itinerant workers. But we also had people who were, for instance, employed by the City of Traralgon as gardeners or workers who found that they could get triple, at least, the money by going out to work at Loy Yang in construction. All of a sudden they had all this money. Then the construction stopped. They had the best fridge, the best car and everything, but they didn't have the money anymore. So there were a lot of social problems and family problems because they just couldn't cope… There wasn't a big drug problem, but there were big alcohol problems, especially out at the APM in those days because of the shift work. And everybody smoked. Nobody worried about it. It wasn't thought of as a health issue.*

Support for the frail aged was another issue that was addressed. Margot Busch from Morwell Community Health Centre assisted in setting up a Day Centre for the elderly, which opened on 18 March 1982 and ran on Fridays from 10 am to 3 pm at St James Anglican Church Hall in Grey Street. Nine volunteers staffed the Day Centre which on average catered to between 18 and 23 participants, many of whom had suffered a stroke.

Throughout the time Traralgon Community Health Centre was based at the Central Gippsland Hospital, the Committee prepared a number of unsuccessful submissions asking to have their funding reinstated. It was not until Christmas 1984 that the situation changed with funding for a part-time Community Development Officer granted. On 18 February 1985, Graham Code commenced work on a three-month contract to prepare a new submission. The preparation of the submission was assisted by Judy McKenzie, who had been involved in the preparation of the original submission for Churchill Community Health Centre in 1974 and had been Churchill's Assistant Administrator. Funding was granted, Graham Code became the full-time manager, and the Centre was incorporated on 11 December 1985. There were about 50 members at this time.

In 1985, services continued with support groups for asthma, parenting, stress, and arthritis. A Children's Optometric and Podiatric Screening Program was implemented and nutrition and anti-smoking campaigns undertaken. A major development was the new service delivery catering to youth. A needs analysis conducted at the Commonwealth Youth Support Scheme (CYSS) found a number of significant health issues for young unemployed people, including nutrition, smoking, drinking, amphetamine use, dental care, stress, depression and teen pregnancy. These issues were addressed by the Community Health Nurse Gwen Sullivan through health education, family planning seminars and ante-natal classes. In 1986, a wide-ranging health needs survey of the community, that had initially been planned in 1979, was carried out and recorded the health needs of 2,742 individuals and 1,482 households which assisted with future planning of services.

The Centre was operating in temporary accommodation at 4/37 Grey Street, as the site at 18 Deakin Street had been sold to the Council in October 1983. After some financial difficulties were resolved, a house at 11 Seymour Street was purchased on 29 August 1986. Traralgon Community Health Centre was officially opened by The Hon David White MLC, Victorian Minister for Health, on 26 June 1987.

Official Opening of Traralgon Community Health Centre, 26 June 1987
From left: The Hon Barry Cunningham MP, Federal Member for McMillan; The Hon Valerie Callister MLA, Victorian Member for Morwell; The Hon David White MLC, Victorian Minister for Health; Pearl Reeves from the Traralgon CHC Committee of Management
Courtesy of LCHS Archive

Six new staff were appointed. In addition to the Manager Graham Code and the Community Health Nurse Gwen Sullivan, there were two part-time Counsellors, two part-time Community Health Development Officers and a Community Nurse.

The new team offered a range of programs and services to the community. Llerma Valencic offered a diet and nutrition program and Ena Mays ran a Single Parent Project that was funded by the Victorian Department of Community Services. The Valley Alcohol and Drugs Service (VADS) Counsellor Marie McKenzie was transferred to the Central Gippsland Alcohol and Drug Service (CenGADS) on 8 April 1989. Additionally, a Needle and Syringe Exchange Program was implemented. The Community Health Nurse team provided blood pressure and cholesterol screenings as part of a Heart Foundation promotion for Heart Week, participated in Quit Week and other statewide campaigns, and commenced a Women's Health Program.

The Women's Health Program was an innovation that involved a collaboration with the Anti-Cancer Council to provide a Cervical Cancer Screening Program that was believed to be the first in Victoria. Women living in local caravan parks and in communities as far afield as Gormandale and Tyers were visited as part of the outreach service. Additionally, a drop-in clinic was run from the Centre. This program was further developed and expanded over the following years.

Health promotion and group work were a focus of the Centre's activities and led to the purchase of additional space at 2a Livingstone Street. The health education programs focussed on diabetes, Sunsmart, sexual and reproductive health, weight control and stress. Among the groups that met in the new space were support groups for stroke, gastric reduction, heart, asthma, epilepsy and a Mastectomy Support Group, which was funded through a grant from the Department of Health.

Traralgon CHC staff team, 1991
Front from left: Lisa Mumford, Maree Scanlan, Maxine Manson, Kirsty Chambers, Claire Davey
Back from left: Robyn Hahn, Graham Code, Annette Thomas, Paul Denny, Susanne McLeod, Llerma Valencic
Courtesy of LCHS Archive

Services continued to focus on health promotion and preventative programs. Staff numbers remained relatively stable, with three Community Health Nurses, a Psychologist and Health Promotion Officer. Maree Scanlan started in 1991 as a Community Health Nurse with Traralgon Community Health Centre. She continued working as a Community Health Nurse and then in management with Latrobe Community Health Service after amalgamation until October 2008. Maree Scanlan describes the positive working atmosphere at Traralgon Community Health Centre.

> *At the Traralgon site, we were a very close knitted team. We felt very well supported and work was fun. I used to love coming to work. It was something to really look forward to and we were given lots of positive feedback about the work we did. Even when we amalgamated and we were at the Traralgon site, there was something about that site, about the people there. It was a really good combination… People could come in off the street and they could see us, or if we weren't there, they could come back in an hour and see us there. The CEO*

that was there when I started was Graham Code. He would give lots of positive feedback. I used to go and run women's health clinics at Gormandale and I loved going. It was great. We had fun. There were a lot of people with psychiatric problems out in the caravan parks, so we used to go out there too. One of the nurses and our nutrition worker would go out and we'd just talk to people. If they wanted a blood pressure taken, we'd do that and talk about diet. We did lots of outreach work. We used to go to the saleyards, to the Yinnar pub and out to cricket clubs doing men's health nights. We didn't want to be sitting in the Centre. We'd go out to people… We encouraged people to come to programs at the Centre as well. It was such a warm, welcoming place. We were heavily involved in schools and I used to go on a Monday and talk to the kids on a one-to-one basis about their issues that had cropped up on the weekend. They used to have Health and Wellbeing Days and we used to participate in those. We were very youth friendly.

Traralgon CHC health promotion at the Traralgon Centre Plaza, 30 October 1987
Courtesy of LCHS Archive

The Manager Graham Code left in 1991 and was replaced briefly by Kirsty Chambers and then Gary Roberts, before Valerie Callister became the joint part-time Chief Executive Officer of Traralgon and Moe/Narracan Community Health Centres in 1992. Val Callister describes the arrangement.

Traralgon was struggling because it had a pretty low budget base. It never had a medical background. It was always a nurse based service - Community Health Nursing, Health Promotion Service plus Counselling. So when their CEO left, their Board looked - through an arrangement with Moe - to have one CEO to service both Boards. So that's what happened. That meant we were able to move on, ultimately joining up some of the back of house services such as financial, accounting services, and payroll services. But that was never really fully culminated until the amalgamation.

The Centre continued providing services and programs that focussed on preventative health and health promotion. New groups were set up, including support groups for breast cancer, endometriosis, neurofibromatosis, post-natal depression and Attention Deficit Disorder as well as a walking group and ante-natal exercise classes. A number of outside agencies rented space at the Centre. Agencies that used the Centre included the Morwell and Traralgon Accommodation Service (MATAS) and the Central Gippsland Alcohol and Drug Service (CenGADS). Other services visited regularly including the Continence Nurse and Family Planning Service. The Centre became a sub-agency for the National Diabetic Supplies Scheme.

A new project involved running Ethnic Women's Health Seminars. The Project worker was Maria Jose Iriondo. She worked on that project in 1994 before becoming a Receptionist at the Traralgon site in 1995 and continuing with Latrobe Community Health Service until August 2009. Maria Jose Iriondo reflects on the final years of Traralgon Community Health Centre.

> *Those years have very fond memories for me, because we worked so closely together. There was that team spirit. We had fun and wanted to come to work. It was exciting. It wasn't a chore. It was very rewarding because you were able to spend time with the consumer. The consumer felt that coming to the Centre, there was a friend there that they could talk to. They weren't necessarily perhaps wanting solutions or answers but there were many people who were perhaps lonely or had a lack of support, so they knew that at least coming to the Centre they could get that. Very, very fond memories of those years.*

Traralgon Community Health Centre was amalgamated with the other Latrobe Valley Community Health Centres in 1995. Initially, Latrobe Community Health Service continued providing services at the same location. A new building was purchased in December 2007, refurbished, and officially opened by The Hon Daniel Andrews MLA, Victorian Minister for Health, on 18 December 2009 enabling the provision of additional services to the community via better facilities and resources in Traralgon.

Traralgon CHC at 11 Seymour Street, after 1987
Courtesy of LCHS Archive

Latrobe Valley Community Health Co-ordinating Committee

The Latrobe Valley Community Health Co-ordinating Committee, originally named the Gippsland Community Health Co-ordinating Committee, was established in November 1975. Its terms of reference included to survey the existing social and health related services in the area and to facilitate the co-operation and co-ordination of all local health organisations to avoid the duplication of programs and services. The Co-ordinating Committee was led by Morwell Community Health Centre Manager Darrell White for many years and other Presidents included Traralgon Community Health Centre Social Worker Philip Marsh in 1983 and Churchill Community Health Centre Manager Ron Cunningham in 1988. Representatives of Rosedale Community Health Centre were also active participants. Darrell White explains the purpose of the Co-ordinating Committee.

> *It was always there in my time. I think Len Walshe was the one who initiated it, because it aimed to get the Hospitals to engage with, in particular, these new fangled Community Health Centres, to understand what they were and not to feel threatened by them, to work together to make a difference, and to try and start this process of seamless service delivery throughout the whole area that we served. Diane Wilkinson was the Secretary who played a key role in harnessing all of that energy and synergy between these different groups to try and achieve some common activities which would promote community health services more broadly. At the same time, we were flat out trying to meet the targets and the responsibilities that were bestowed upon us by the Health Commission for each of our service areas. That's really what it was about.*

The first public event the Co-ordinating Committee participated in was the Latrobe Valley Festival on Sunday 21 March 1976, where Gippsland Institute of Advanced Education (GIAE) students helped to prepare a community health float for the street parade and Community Health Centre staff handed out pamphlets on "Community Health Centres - What They Are All About". During the afternoon at the Morwell Recreation Reserve, Val Heil and Mary Austin, the Community Health Nurses from Moe and Churchill, provided blood pressure screenings in a tent that had been set up by the Heart Foundation. The public could also view the film *Community Health: The Australian Concept*. The Co-ordinating Committee participated in each Latrobe Valley Festival as well as the Yinnar Country Fair and Tyers Community Day to distribute health information and raise awareness of health issues ranging from noise to nutrition.

Similar events were organised each year for Community Health Weeks. In a combined Community Health and Children's Week from 20-26 October 1984, a special theme day "Health Yourself" held on Saturday in the Kay Street Gardens in Traralgon for Community Self-Help Groups was launched by the Regional Director of Health

Bill Phillips. On Thursday and Friday, free blood pressure and diabetes checking took place at a major health promotion at Mid Valley Shopping Centre and on Friday the caravan was used for breast examination checks. Sunicrust Bakeries donated the bread for a sandwich making competition and self-help groups - including the Diabetes Den, Headway, Allergy, Arthritis - held displays to promote their organisations. The following year, in International Year of Youth, a youth fashion parade was held as part of that year's health promotion at Mid Valley.

Latrobe Valley Community Health Co-ordinating Committee's Community Health Week health promotion in Kay Street Traralgon, 1984 - Courtesy of LCHS Archive

The Co-ordinating Committee also organised public seminars and health information evenings. The first was a one-day seminar "Community Health - Who Cares?" held at Morwell Technical School Hall on 13 November 1976. In 1986, The Hon Dr Neal Blewitt MP, Federal Minister for Health, spoke at a Kernot Hall seminar "Alcohol and Drug Issues - Community Options for Action". Other seminars at Kernot Hall focussed on stroke risk factors, treatment and rehabilitation in 1988, on stress management in 1989, and living happily in 1990.

The Co-ordinating Committee was not only involved in raising public awareness of community health services. In 1978, it set up the Latrobe Valley Smoking Control Project on behalf of Churchill Community Health Centre. After two years planning and preparation, the first Co-coordinator was appointed in February 1980. The Project was believed to be the only one of its kind in Australia at the time. In 1981, the Co-ordinating Committee established the Latrobe Valley branch of the Victorian Council on the Ageing. In 1982, Darrell White and Diana Reid, Counsellor at Moe Community Health Centre, produced a video on Community Health Centres in the Latrobe Valley. In 1990, Gippsland Bone Marrow Donor Support Group was established and, in 1992, the Co-ordinating Committee successfully gained funding for Marriage Guidance Counselling.

The Latrobe Valley Better Health Project was the most significant achievement of the Co-ordinating Committee. The Better Health Project began as a "Healthy Localities Project" through the Municipal Association of Victoria and was funded by the Victorian Health Promotion Foundation. An initial grant of $8,000 enabled Jean Roberts to carry out research between May and October 1989 to identify the key health issues in the Shires of Morwell and Traralgon and Cities of Traralgon and Moe. The report was released in July 1990.

When the Latrobe Valley Better Health Project was announced by The Hon Caroline Hogg MLC, Victorian Minister for Health, it received funding of $52,578 from the Victorian Health Promotion Foundation to employ two project officers for six months to develop the project. The Project was developed with an emphasis on Nutrition and Injury Prevention. The planning stage was completed by October 1991 and the Latrobe Valley Better Health Project Report was launched on 24 April 1992. The Project had attracted $225,000 in funding through the Victorian Health Promotion Foundation and National Better Health Program for an initial period of 18 months. Morwell Community Health Centre was the auspice agency and Morwell Mayor John Guy, who later joined the LCHS Board, was Chairman of the Project Steering Committee.

One project, the Latrobe Valley Better Health Injury Prevention Project, was run by Henk Harbetts. It aimed to raise awareness of home safety measures, to reduce the number of injuries sustained by children in the home and in playgrounds, to reduce the incidence and severity of sports injuries sustained particularly in Australian Rules Football, and to reduce harm through a Youth Alcohol Action Campaign, in co-operation with Central Gippsland Alcohol and Drug Service (CenGADS) and Victoria Police Community Consultation Committees. The Injury Prevention Project also addressed the safety of residents in Aged Care accommodation and public housing.

The second project, the Latrobe Valley Better Health Nutrition Project, was run by Carmen Lee. It aimed to improve the nutritional quality of food catering at industrial, local government, commercial and school settings, to identify and promote healthy food alternatives used by local groups in fundraising, to influence the food purchasing behaviour of consumers to selection of nutritious foods, and to promote breast feeding and collaboration between local infant health agencies. The Nutrition Project also produced a video promoting breast feeding and developed catering guidelines which were written into the management contract for Churchill Leisure and Learning Centre Kiosk.

Both projects shared a common Committee of Management but each worked with separate reference groups and working parties. Both projects contributed to local Municipal Public Health Plans and led to World Health Organisation safe community status.

Forming Latrobe Community Health Service

Latrobe Community Health Service was formed when the four Latrobe Valley Community Health Centres were amalgamated. When the amalgamation was first raised in 1991 through Government reviews of the health system, it brought uncertainty. At this time, the President of Churchill and District Community Health Centre's Committee of Management Val Pollock outlined the extent of the reviews in her Annual Report.

> *Commonwealth and State Government Working Groups are currently reviewing the entire structure and system in which health services are administered and delivered in this country. At a more micro level, a Community Health Taskforce has reported to the Chief General Manager of the Health Department Victoria, on more efficient ways of delivering community health services. Regionally, a Discussion Paper has been released by the Health Department suggesting amalgamation of Latrobe Valley Health Centres as possibly a more effective way of administering services. The implications of this at the moment for staff and the community are unclear, but what is clear is a strong push for change throughout the health system, which appears almost inevitable.*

Similarly, the President of the Moe/Narracan Community Health Centre's Committee of Management Anne Bek highlighted the uncertainty of the reviews in her Annual Report the same year.

> *Since the inception of Community Health and the general concept of providing preventative health care to a particular community, community health has never before come under as much scrutiny and review as it is currently… with a major option presented being that of "integration" or amalgamation of the centres in the Latrobe Valley; being Traralgon, Churchill, Morwell and Moe, Kalparrin and Palliative Care included.*

In Morwell, Community Health Nurse Rose Rennie expressed concern that the proposed reforms might result in service gaps and exacerbate inequalities across the Latrobe Valley, while in Erica a huge public meeting was held to discuss the future of the Centre there.

In 1992, Churchill and District Community Health Centre's Acting Manager Greg Blakeley was seconded to the Health Department Victoria to investigate the proposed amalgamation of the Latrobe Valley Community Health Centres, leaving the former Manager Ron Cunningham to step in. Representatives from each of the four Centres as well as Kalparrin Centre Against Sexual Assault (CASA), Latrobe Regional Hospital Moe campus, Gippsland Trade and Labour Council and the Health Department Victoria were members of the Amalgamation Committee, which was called the Latrobe Valley Restructure Working Party. Moe/Narracan Community Health Centre's President Betty Collins describes their involvement in her 1992 Annual Report.

The question of amalgamation of Community Health Centres remains at this time unresolved. The Managers and Presidents of the four centres under consideration have met regularly throughout this past year and a proposal has been formulated and is now with the Health Department. We are now waiting on a discussion paper for consideration, probably later this year.

Churchill and District Community Health Centre's President Don Flanigan reported in his 1993 Annual Report that each of the four Centres had been permitted to appoint Managers on two-year contracts in October 1992, but that, in May 1993, the four Centres had been directed to rationalise their administration and collectively save $155,000 immediately, followed by $50,000 the following year. Churchill and District Community Health Centre was to absorb $74,000 and Morwell Community Health Centre's President Brian Macintosh reported that the Morwell Centre was to absorb $46,000.

The effect of these cuts on services were summed up by Morwell Community Health Nurse Rose Rennie in her Annual Report after she returned in 1993 from a year of study leave.

Things had changed - talk of amalgamations between Community Health Centres, industry restructure and the local rising unemployment level. The mood of the area was certainly one of uncertainty and gloom. It was like the social fabric was unravelling. People who I came in contact with were fearful and uncertain of what the future held. The uncertainty and unknown could be seen on their faces and heard in their voices. What a change from only twelve months prior… All grass roots services here are stretched to beyond belief. Even work morale is affected.

The proposal was that Churchill and Morwell Community Health Centre were to amalgamate by March 1994 and the Moe/Narracan and Traralgon Community Health Centres, which already shared a Chief Executive Officer and administration, were to fully amalgamate by July 1995. Churchill and District Community Health Centre President Don Flanigan's Annual Report for 1994 records what eventuated.

The impending amalgamation of the Morwell and Churchill Community Health Centres… did not occur. It was consequently assumed that amalgamation had ceased to be a regional priority. This assumption however proved wrong when the four Latrobe Valley Centre Managers were informed, several weeks ago, that a new discussion paper was about to be released. The document was subsequently hand delivered to each Centre Manager by the Regional Director's representative in early July 1994. Responses are required within sixty days, after which a decision will be made… The question of amalgamation has lingered now for some three years; its resolution, one way or another, will be appreciated by all concerned.

The decision to amalgamate the four Latrobe Valley Community Health Centres was finally made on 21 October 1994. Throughout 1995, the amalgamation was implemented. Peter Tyler was a member of the Board of Management throughout the amalgamations of the Community Health Centres and the Hospitals. Peter Tyler moved to the Latrobe Valley to set up a legal practice in 1978 and, in 1993, joined the Central Gippsland Hospital Board. He was then appointed to the Latrobe Community Health Service Board as a Hospital representative in February 1995 and served until 13 May 1997 with one year as Vice-President. Peter Tyler identifies the purpose of the amalgamation of the Community Health Centres.

The big reason for the amalgamations was that the Government of the day recognised primary health as more important than any previous Government had in terms of its value. It needed a vehicle for the primary health to be managed through. So that was the idea and the philosophy behind the amalgamation. There had been little fiefdoms managing health services and it was necessary to raise its professional level, so that higher level programs could be put through it. That's what I truly believed at the time and that's why I was prepared to spend so much time involved in it because I saw that it was the only way it had to go. You could no longer expect the Hospital to do some of the work it was doing because it was planned for the Hospital to have responsibility for acute and sub-acute care. Community Health was seen as the vehicle for the delivery of primary health and allied health.

The amalgamation was independently brokered, as Peter Tyler explains.

Kath McEntee from DHS managed the project of amalgamation. The then Regional Director charged her with the responsibility of brokering the amalgamations. The Regional Director had strong views about how it ought to be. He wasn't to come in and crush community organisations, although a lot of people would tell you that is what he did… I shared the vision he had in terms of what I thought the outputs could be, so I signed up to that view. I still think it's right. Primary health needs to be done professionally… It was a little bit like the philosophy with the Hospital amalgamation. If we ever expected to get a good body of specialties down here, we had to have a place that was at least aiming to be a place of excellence. They were our dreams at the time.

After the Churchill, Moe/Narracan, Morwell and Traralgon Community Health Centres were amalgamated in February 1995, the new organisation was renamed Latrobe Community Health Service. Board members were initially appointed by the Minister for Health until September 1995. The first Board included Chairperson Betty Collins, Vice-Chairperson John Larson, Treasurer Brian Macintosh, Peter Tyler, Annette Bloomfield, Don Flanigan, Di Goulding and Dr Sharma.

Former LCHS Chief Executive Officer Valerie Callister, 2001
Courtesy of LCHS Archive

The first year was one of turbulence but, after a change of leadership, the new Service began to consolidate. Peter Craighead was appointed Acting Chief Executive Officer, with Val Callister as Operations Manager. Prior to the amalgamation, Val Callister had been the Chief Executive Officer at the Moe/Narracan and Traralgon Community Health Centres. When Peter Craighead's temporary appointment ended, she became the Chief Executive Officer of the new Latrobe Community Health Service, a position she held until 2003. Val Callister outlines the consolidation and growth of the amalgamated Health Service.

In 1995 Latrobe Community Health Service came into being through a forced amalgamation. It was part of the restructuring of health services to be of a greater scale, in order to provide a greater range of services. It was, I suppose, economically driven at the time with the prospect of providing more services through more efficient administrative arrangements and so on. Most of my work entailed just keeping the show on the road and handling some of the change management issues because it wasn't long before we had to handle an avalanche of new services that were to be provided through the Community Health service that had previously been provided by the public sector Hospital services - District Nursing services, Alcohol and Drug services in 1996, Public Dental in 1997, the Aged Care Assessment Service and various other services. Things were actually happening very rapidly. It was one of those situations where you all just put on your seat belt and hold on for the ride.

The expansion of services continued from the initial amalgamation of the Community Health Centres through the privatisation of the Latrobe Valley Hospital in Moe and Central Gippsland Hospital in Traralgon. Val Callister highlights the challenges that growth brought to the new Service in the late 1990s.

It was an extremely stressful period, I have to say, because it was just so rapid in terms of new services coming in, trying to ensure they had suitable space to work from, and handling a lot of concurrent things that had to be dealt with as well as getting new service delivery organised and reorienting some of the existing services. Also trying to merge the cultures to be one organisation. It was a very hectic period. We had the Hospital culture and we had the four different Community Health cultures from Churchill, Morwell, Moe and Traralgon.

Obviously people who were existing staff of community health organisations were used to reporting in through their CEO to the Boards, so they had quite an intimate relationship with the employer and they were all used to writing their own individual reports to explain what they had been doing. So a lot of that had to become more strategic.

Underlying the expansion of services was a restructuring of the funding model. Val Callister describes the new funding approach.

The other overlay at this time was the Department was introducing a unit based cost approach to service delivery too. So we had to operationalise that. We tried to fit what the needs of what the community were with the dollars available, but also factor in the complement of staff we already had. Then our agreement with the Government would be around doing so many hours of this type of service and so many hours of that. It was a big learning curve. Associated with that was the new data program, a new statistical suite, that was introduced. It didn't come with a manual, so I wrote a manual for each program area as to how to use it. I can always remember writing up those manuals. I had stuff all over my kitchen and lounge. But out of that came the ability to be much more knowledgeable about the business of the organisation, what sort of services were really more in demand, what were less in demand and what the total picture looked like. So it was a very positive thing, but it was very challenging too.

It has been pointed out that one advantage of the controversy in the first year of operation of the new Health Service was that it raised the organisation's public profile and increased the community's awareness of the service delivery. Val Callister identifies some of the new programs Latrobe Community Health Service offered to the community.

Well I actually think we performed miracles. We did it in a pretty fast turn around time. And we kept changing. We kept changing because Palliative Care came on board and we picked up other services. Then CoCare Gippsland - that was right at the end of the 1990s - came on board. So there wasn't a time in the 1990s where we weren't handling massive dimensions of change. But it wasn't change for change sake. The change was actually applied to strengthening the community, the range and scale of community based services… The role of the organisation is to prevent ill health and to improve health, but also to maintain health even if there is a pre-existing condition. So therefore a lot of the service delivery goes to the third point.

LCHS site at 7-9 Seymour Street Traralgon, 1996
Courtesy of LCHS Archive

As the Health Service grew, the working environment for staff changed rapidly. Louise Morley started with Latrobe Community Health Service in April 1996 as a Receptionist at the Traralgon site. She became a reliever at the Morwell and Moe sites, before moving from front desk to finance. Her current position is Assistant Accountant. Louise Morley recalls the working atmosphere staff encountered in the new Health Service.

I was probably one of the first front office people to be employed under the new banner. There was a real divide between the sites. I can remember one of the first times I worked at the Moe site and they were talking about needing a resource which I knew that Health Promotion had in Traralgon. Just trying to convince this worker that all she had to do was pick up the phone and make a call to the girls in Health Promotion based at Traralgon was really quite hard.

One of the most difficult issues staff were faced with was change. Louise Morley identifies why staff found it difficult to adjust.

What happened for staff was that once the amalgamation came, we'd done nothing but change and grow. The staff were just constantly on the run to keep up with the treadmill of change. Change is terrifying. People say, "It's life", but it's terrifying. I think part of what has made it extremely hard for staff is that we have had two amalgamations. We've had the original amalgamation of the Community Health Centres and that was upheaving. The dust was starting to settle and then we had a second amalgamation, which was when CoCare Gippsland joined us. They brought a whole different view. They also changed the type of work we do, where we do it, and how we do it. Instead of being just Latrobe Valley focussed, we became Gippsland focussed.

Staff in community health services were often employed sessionally or part-time. Staff also frequently job shared positions. Louise Morley initially job-shared with Maria Jose Iriondo, who started at Traralgon Community Health Centre in 1994 and also became a Receptionist at Latrobe Community Health Service. She was Front Office Co-ordinator in Traralgon for two years until August 2009. Maria Jose Iriondo reflects on the impact of the amalgamation on staff.

There were positive things about the amalgamation - more resources for the consumer, bigger programs, the availability of different services. That is a really positive aspect of the amalgamation and the health service growing, however, at the same time I think some things were lost during that process, like a more welcoming approach, a friendlier approach.

The lengthy period of change instigated by the amalgamation took the new Health Service from financial insecurity and fragmented service provision to a position of strength through the development of an effective and efficient business model. Every aspect of the organisation was evaluated and, where necessary, remodelled to ensure future viability, as Val Callister explains.

The financial situation at the start of the life of Latrobe Community Health Service was quite grim, so it did need a complete business overhaul, which was undertaken strategically by building the business, by reorienting the business, and by being more business like around some of the services that operated from within it. As things stabilised and settled down we forged new frontiers in the efficiency of fleet management for the organisation. I left in 2003. In the prior year, we had published a strategic plan that was certainly a strong foundation for the future. It was a real fix on the next stage of the organisation… The key changes that happened in the 1990s were the transformation of community health services from small boutique organisations into a more comprehensive platform for the delivery of a more equitable suite of services to residents of the Latrobe Valley and beyond.

The suite of services included Alcohol and Drug Services, the Central Gippsland Public Dental Program, the District Nursing service, which was transferred to the Health Service in June 1998, and the Adult Day Activity Support Service (ADASS), which had commenced activities in each of the Community Health Centres from the late 1970s and early 1980s. By the time the Traralgon Day Hospital closed in early 1997, day activities in the Latrobe Valley were better co-ordinated and expanded. A Pilot ADASS for younger adults with a disability commenced in May 1997.

Alcohol and Drug Services joined Latrobe Community Health Service in August 1996 and soon expanded. A home-based withdrawal service commenced in December that year and became part of a Gippsland wide network which was launched at Sam Remo on 13 February 1997. Also in 1997, Alcohol and Drug Training workshops

were run across Gippsland in Moe, Inverloch and Lakes Entrance for 114 workers from 42 program areas. The Men's Shed project was expanded as part of the Gippsland Family Violence Intervention Project with a Department of Justice grant in July 1997. Other Gippsland wide programs that were developed include the Women's Supported Accommodation and Youth Community Withdrawal Programs in September 1999 and a Mobile Drug Safety Program in 2001. Innovative Services for Homeless Youth continued running and offered Intensive Youth Support, Supported Accommodation, and Youth Outreach to deal with Hepatitis C, alcohol, cannabis, opiates, and other health issues.

LCHS harm minimisation health promotion, late 1990s - Courtesy of LCHS Archive

Welfare and Support Services carried over from the Community Health Centres continued, providing short term counselling, referrals, and group programs as well as the Child Assault Management Program (ChAMP), Community Development Project, Non-English Speaking Background (NESB) Support Program, Work Injured Support Network (WINS) and Emergency Relief. Other services included the Veterans' Home Care service from December 1999 and the Gippsland Victims Assistance Program (VAP), which in 2000 relied on 44 volunteers to assist 780 victims of crime.

Latrobe Community Health Service has been proactive in raising awareness of community health issues as well as implementing programs to address emerging community health needs. There were a number of initiatives implemented to address diabetes, chronic illness, stroke, midwifery and carer support. A Lymphodema Service was set up and the Pain Management Clinic was established, although its funding did not continue. This Clinic was unique as pain management was typically provided in a hospital. Clients of the Drug and Alcohol and District Nursing Services also accessed the Clinic. In addition to these initiatives in service delivery, health promotion and partnerships with other agencies and service providers were among the proactive approaches the Health Service employed, as Val Callister explains.

> *We were innovative in terms of some of the health promotion strategies because we weren't just handing out information at supermarket points. We were really innovative with health promotion partnerships, like the Heart Foundation Walk, which one of the power companies to this day sponsors and now organises. We were early pioneers in that era of joining up efforts*

with other stakeholders because we knew you can't do these things on your own. For Drug and Alcohol, I think we were the first collaboration of service providers to get a Certificate IV training arrangement in place with what is now called iGAIN. We were early off the blocks in terms of home-based withdrawal service delivery too… We were innovative in the way we provided some services. For example, for podiatry, we used a contract arrangement, which was very flexible, to support people who lived in different locations across the Valley. We were innovative in the Volunteers… Our capacity to actually service and support staff and contractors grew significantly. We became much stronger and able to survive travails than when we were small and always having to watch every penny.

One of the most significant new initiatives Latrobe Community Health Service developed to address community needs was the Moe After Hours Medical Service (MAHMS). It was operating from the night the Casualty Service at the Latrobe Valley Hospital was closed and is believed to be unique in Victoria. Former Board member Peter Tyler outlines its development.

The Moe After Hours Medical Service was set up. Now that was done when I was with the Department. I worked with Val Callister and others because she managed Community Health then, and we designed a new service because the Government had promised Moe that it would get a primary health service when it closed the Hospital. That was horrendous for Moe to have the Hospital closed. It was a totally new model and we got a bit of funding from everywhere - Ambulance went there along with other services. Actually I used to say to people that was a far better outcome for Moe than trying to have a Hospital there half-full of specialists and another one in Traralgon half-full of specialists… I think the Federal Government have been trying to do that sort of thing in other places now, but we were pretty chuffed with designing that first. We had to broker deals, particularly with the doctors to get them to trust it and come on board. But I think that was a feather in the cap of community health - setting that up. It worked well.

The Moe After Hours Medical Service was established in collaboration with Central West Gippsland Division of General Practice and employed its first nursing staff from 17 August 1998. From December 1999, it was housed in the new extension of the original Moe and District Community Health Centre site in Fowler Street. The extension was designed to house not only the After Hours Medical Clinic, but also the Ambulance Station and an Adult Day Activity Centre, which had originally been planned for the site in 1976. The first sod was turned by the Victorian Premier, The Hon Jeff Kennett MLA, in May 1999 and the extension was opened in March 2000 by the new Victorian Premier, The Hon Steve Bracks MLA. The Moe After Hours Medical Service continues to operate and celebrated its tenth anniversary in 2009.

The services available in Moe at Latrobe Community Health Service expanded with relocation of the Central Gippsland Public Dental Program. The Senior Dentist at Latrobe Community Health Service is Dr William Hamilton. Bill Hamilton outlines the structure of the public dental service in the Latrobe Valley from its origins in 1975 until it was relocated from the Hospital.

The Dental Service started at the Moe Hospital, the old Latrobe Valley Hospital, in 1975. Dr Speck who had a practice in Trafalgar was asked to set up the clinic and it was entirely a hospital situation funded by the Hospital through various hospital monies they received from the Government. Eventually I came on the scene in 1985. I came over from Tasmania and I've been with it since then… When I started at the Hospital, all treatment was free. There were no payments and we managed to treat all patients that were eligible. In two years, in about 1987, things started to go a bit off in the economy and that's when we got more unemployed so the waiting lists grew and grew… The Hospital lost control of the clinic after Dental Health Services Victoria was set up in 1996. All funding came through DHSV to the clinics. We started getting young graduates doing an intern year and that had helped us out with staffing. But we had to put everyone on the waiting lists and they just blew out.

The Dental Service was moved from the Latrobe Valley Hospital into a new purpose built clinic at Latrobe Community Health Service Moe site on 22 August 1997. Bill Hamilton outlines the reasons behind the move.

LCHS Moe site extension under construction, 1999
Courtesy of LCHS Archive

We were transferred to LCHS because the two hospitals in Moe and Traralgon were being destroyed and a new one was being built. It was owned by a private operator and they didn't want the dental clinic. So we had discussions with the boss of LCHS at that stage. He managed to get the funding and we had the new clinic built. Basically we've gone on from there.

Transferring the Dental Service was a significant undertaking that involved the construction and furbishment of a new clinic and the relocation of the entire staff team. Bill Hamilton was the Hospital representative on the Latrobe Community Health Service Committee overseeing the relocation. The transfer involved staff consultation and briefings to prepare them for the merger. Bill Hamilton reflects on the success of the process of relocating the public dental service from the acute hospital to community health.

> *We had a series of talks between the dental staff and the new LCHS, so we were prepared. We knew what we were going to be doing. We knew that the clinic was being built and all the staff would come down and have a look and see what was happening, so we were included in what was happening. But the staff were frightened about what would happen with their long service leave. That took a long while to sort out. It didn't happen overnight. That probably was the worst part because we weren't certain about entitlements, about wages, and so on.*

The Dental Service was initially located at the Latrobe Community Health Service site in Fowler Street, Moe, which was the site of the former Moe and District Community Health Centre. It operated there for 13 years before a major expansion to additional sites in Morwell, Churchill and Warragul.

The public dental program was not the only service to join Latrobe Community Health Service in the late 1990s. Three of the other services that relocated were the Aged Care Assessment Service (ACAS), Latrobe Valley Palliative Care Service and CoCare Gippsland. The Gippsland Aged Care Assessment Service (ACAS) was managed by Latrobe Community Health Service from 1 October 1997. Thirteen staff from Traralgon, Sale, Bairnsdale, Leongatha and Korumburra were transferred in to the Health Service to provide for the care needs of aged people with complex care requirements. An ACAS education and information kit that was developed and introduced at the Health Service in 2000 was subsequently adopted across Victoria.

Public Dental Services at LCHS
Courtesy of LCHS Archive

Latrobe Valley Palliative Care Service officially merged with the Health Service on 7 September 1998 and it continued to provide 24 hour a day, 7 day a week care at home for terminally ill patients and respite for their families and carers through an extensive network of trained volunteers. In 2002, the service extended its scope with the introduction of the Paediatric Palliative Care Program in partnership with the Royal Children's Hospital. In 2010, Latrobe Community Health Service's Palliative Care and District Nursing teams were merged to create a more integrated and co-ordinated service across Gippsland.

Latrobe Community Health Service and CoCare Gippsland joined from January 2000. CoCare Gippsland had operated an innovative model, with a mission "to identify and respond to individual and community needs and maximise every opportunity to increase or enhance services." The General Manager of CoCare Gippsland was Leonie Coleman. Leonie Coleman has held key management positions in Latrobe Community Health Service over the ten years since the amalgamation with CoCare Gippsland, as she explains.

I have been employed at Latrobe Community Health Service since January 2000 when we amalgamated with LCHS. I continued in the role of General Manager of CoCare Gippsland after we had officially amalgamated in April 2000 and then I took on the role of Director Strategic Organisational Development and Deputy CEO. I was Acting CEO from January 2003 until Toni Aslett was appointed in June 2003. After a restructure in mid 2005, I became the Director of Corporate Services. I took on the role of Acting CEO again when Toni Aslett left in June 2006 until Ben Leigh was appointed in September that year. Then I took on the role of Senior Manager of Capital and Strategic Projects in January 2009 to oversee the redevelopment of the Morwell site.

The CoCare Gippsland model of brokerage and case management was new in Australia. Commencing in April 1994, CoCare Gippsland provided 50 Home and Community Care (HACC) funded Linkages and 30 Commonwealth Aged Care Packages (CACP) across Gippsland. No other agency had managed both State and Australian Government funding before CoCare Gippsland, as Leonie Coleman explains.

CoCare Gippsland was a Gippsland wide organisation that was auspiced by Latrobe Regional Hospital. It started when Home and Community Care funded Linkages were introduced into Gippsland. They are a case management and brokerage package of service for both older and younger people that were worth about $10,000 per person. At the same time, Commonwealth Aged Care Packages were being introduced across Australia. It was the first time the two packages had actually been put together and run in the one service, with a common intake. It was very different. We provided case management and purchased the services the person required from other service providers. It was fairly contentious when it first started as it was a real change from the way service delivery had happened across Gippsland. For example, a family who lived on a dairy farm needed to take their child to the Children's Hospital. Normally the mother took the child on her own. So CoCare Gippsland paid a relief milker so that mum and dad could both go to the appointment. That was something they hadn't been done before.

By 1995, CoCare Gippsland had successfully tendered for the Victorian Department of Human Services Making A Difference and Early Choices programs, which over the next five years were expanded to 331 long term places together with substantial funding for short term respite. CoCare Gippsland also provided support for children with a disability and their families through the Victorian Department of Human Services Early Intervention program from 1996. CoCare Gippsland continued to grow and won tenders for additional programs and packages. Leonie Coleman outlines the ten-fold growth of CoCare Gippsland in the late 1990s.

This was at the time of the Victorian Liberal Government's competitive tendering. CoCare Gippsland started off with the Linkages and the CACP packages. It was one of the first in the state, if not nationally, who actually ran this model, so it was a very different model to what had happened in other areas. CoCare Gippsland successfully tendered for the Disability funded Making a Difference and Early Choices packages which were similar to Linkages packages. Over the first couple of years of operation we grew quickly and all this was achieved by writing tenders and being successful. We went from being an $800,000 funded organisation to, at amalgamation, about $8.5 to 9 million. So it was huge growth. At the time CoCare Gippsland amalgamated with Latrobe Community Health Service, CoCare Gippsland had also successfully tendered for both the Commonwealth and the State Respite for Carers packages as well.

Sailability boat purchased by CoCare Gippsland, early 2000s
Courtesy of LCHS Archive

By 2000, CoCare Gippsland's Commonwealth Aged Care Packages, Early Intervention, Rural and Remote Dementia program and Carer Respite Centre were all expanded. An extensive training needs and services evaluation had been carried out and a Gippsland wide Acquired Brain Injury (ABI) Information Service was established with the Gippsland ABI Reference Group. Funding was also sought for respite for carers of people with severe and profound disability. A number of other services were developed including Specialist Care Co-ordination and a number of Koorie Programs including access to prescribed medication and a school holiday program. One small continence program had a significant impact on families across Gippsland, as Leonie Coleman highlights.

One of the many highlights of my time with CoCare Gippsland was continence packages for preschool children. There was an Australian Government grant available to pay for

continence products but you had to attend school to receive it. Each grant was worth $400. We introduced a project in response to the families we were working with who often would say, "I just need some help to buy disposable nappies" for their kids who were four and not toilet trained, so we used some of our funding and developed a specific project for these families. It was funded to the same level as when they went to school. It was set up so that they had to see the Continence Advisor first who then referred them and they got the package of money. In a number of cases children were successfully toilet trained after seeing the continence advisor as the families had no access to specialist advice before. It was a really good project which was replicated across the state by other agencies and subsequently funded across the state as a program in its own right.

As a brokerage service, CoCare Gippsland was very responsive to the needs of families in Gippsland. Leonie Coleman describes CoCare Gippsland's flexible model in terms of innovation.

One of the things that is probably really important to mention is that CoCare Gippsland was really innovative. It was seen as a leader in case management and brokerage practice. We did a lot of work with other organisations, as the model was replicated by a number of other agencies. We had a really strong statewide network of people and did a lot of joint projects. It was hugely significant and it was seen as a really innovative way of delivering services with the Federal and State Governments working together.

The amalgamation of CoCare Gippsland with Latrobe Community Health Service occurred as a consequence of the privatisation of the Latrobe Regional Hospital (LRH), which had auspiced CoCare Gippsland. Leonie Coleman outlines how the uncertainty of the governance structure led to the amalgamation of CoCare Gippsland and the Health Service.

CoCare Gippsland was auspiced by Latrobe Regional Hospital and I reported to the CEO. When the Hospital was privatised, because we were not-for-profit, we couldn't sit under a private organisation. So CoCare Gippsland continued to sit under the governance structure of the old Latrobe Regional Hospital and I reported to the administrator of LRH who was Ross Cook from Arthur Anderson in Melbourne. I went to Melbourne once a month and met with Ross. The Department of Human Services had put out an expression of interest for the auspice of CoCare Gippsland but had not made a decision. As the legal structure of Latrobe Regional Hospital was about to be wound up, Latrobe Community Health Service was asked to auspice us until the Department of Human Services worked out what they were going to do with us. That must have been for four or five months I think. During that time we had a dual structure of reporting. I reported to the Board on CoCare Gippsland and Val Callister reported on LCHS. They had still not made a decision before there was a change of Government and Labor came into power.

The situation was soon clarified with CoCare Gippsland formally amalgamated with Latrobe Community Health Service in 2000. Initially, however, the two organisations operated independently, as Leonie Coleman explains.

Basically overnight, LCHS doubled their revenue. Our programs all came across to LCHS in January 2000. Everyone came across to LCHS, maintained all their leave and everything came across funded. All our sites came across as well. All the leases were transferred. Originally, when we came across, I reported to Val Callister but we continued to operate as CoCare Gippsland. We ran as two organisations basically. We still ran badged as CoCare Gippsland until February 2002. I don't think it was as difficult when CoCare Gippsland moved to LCHS because it was already well known and was running quite effectively.

There were some challenges for the two amalgamated organisations. Besides the different size and scale of the programs and services, the model was also entirely different as CoCare Gippsland was a case management and brokerage service while Latrobe Community Health Service provided direct service delivery. Staff of both organisations had to adapt to a dramatic culture change. Leonie Coleman reflects on the adaptability of the staff moving into the new amalgamated organisation.

Official launch of CoCare Gippsland Sale Office, 1997 From left: The Hon Peter Ryan MLA, Victorian Member for South Gippsland; Leonie Coleman, General Manager CoCare Gippsland; Kerry Hamer, Manager Carer Respite; The Hon Peter McGauran MP, Federal Member for Gippsland

It was actually a really big change because there were two different cultures. There was not a lot of staff from CoCare Gippsland. We didn't operate a huge staffing model, because we were a case management and brokerage service. We didn't do any direct service delivery. It was about purchasing services from other organisations, so there wasn't a lot of staff. Suddenly LCHS became a Gippsland wide organisation and for many of the LCHS staff it was a real struggle. They were set up to predominantly provide services to the community, so it was a really big culture change to actually manage a brokerage service.

For the two different organisations to begin working as one consolidated organisation that provided services not only in the Latrobe Valley but across Gippsland, some targeted change management strategies were needed. The newly appointed Chief Executive Officer led their implementation. Toni Aslett commenced as Chief Executive

Officer of Latrobe Community Health Service in 2003 and continued in that role until 2006. Coming from Western Australia, but with previous experience living and working in Victoria, Toni Aslett became the first new Chief Executive Officer of the amalgamated organisation when she replaced Val Callister who had led the organisation for over ten years. During that time Latrobe Community Health Service had undergone sudden and significant growth, as Toni Aslett highlights in introducing the organisation she managed from 2003.

> *Prior to me coming into the role, LCHS had amalgamated with another organisation. I took to describing it as a marriage that had been arranged and not all parties were necessarily agreeable to the arranged marriage. When I came in, that most recent amalgamation was only about nine to ten months old and it was obvious that we really had two organisations at that point. There had not been what I would call significant amounts of work done in change management and in forging a new organisation. I saw that as a pretty important responsibility. I also saw myself as a transitional CEO - from the past to the future - and there needed to be certain things happen to help the organisation face its future.*

The process of transition into one organisation for the existing staff of Latrobe Community Health Service and the former staff of CoCare Gippsland was not an easy journey. The change management strategies implemented by Toni Aslett included developing a new vision, new mission, and new values for the new amalgamated organisation. Toni Aslett describes the process of change management required for the organisation to progress into the future.

> *We had the situation where we had staff who were still bringing their own stationery into the organisation because they wouldn't use Latrobe Community Health Service stationery. They wouldn't wear the identification badges of Latrobe Community Health Service. They didn't associate themselves as part of that organisation. So one of the first things we did as an organisation was to develop a new vision, new mission, and new values. We did that in a consultative way, with workshops held across the many locations of the organisation and the Board participated in those. We got a small working party of staff to further develop the vision, mission and values. I don't think they were the most awe-inspiring, and they've since modified them and changed them, but it was all about the process of getting everyone engaged with what the organisation was about and what they stood for. So that was a really important thing because they were no longer the old Latrobe Valley Community Health mission and values. It was a mission and values for the whole organisation and there was also thinking about how we might change the name and that sort of thing.*

Rebuilding the staff culture had a positive influence on Latrobe Community Health Service. But the process of amalgamation did not only affect the organisation internally. Attention was required outside the organisation as well to rebuild its reputation and its relationships with other organisations in Gippsland. The amalgamation with CoCare Gippsland, like the previous amalgamations of the four Community Health Centres, had resulted in some

negativity and fear in local communities across Gippsland. The new Latrobe Community Health Service needed to establish itself as an organisation that could make a valuable contribution to the community and could be a useful partner organisation for other agencies in Gippsland. Toni Aslett explains how she worked to rebuild the reputation of Latrobe Community Health Service through a process of consultation with other organisations.

In terms of services, there was concern about how we marketed ourselves as an organisation. There was a lot of nervousness of other organisations who thought we were there to take them over and were resistant to partnering with Latrobe Community Health Service because they saw it as an organisation that was just growing like topsy. In my first six months, I went around to all of the major health and related community service type organisations and had a conversation with them about what they thought about Latrobe Community Health Service, how they perceived us and how they would like to work with us or not. Other organisations were refusing to meet with us, but we were able to rebuild relationships with many of those organisations, just by having these frank conversations.

Former LCHS Chief Executive Officer Toni Aslett (left) with Lisa Gilpin, 2003
Courtesy of LCHS Archive

Besides addressing the different workplace cultures within the organisation and improving its reputation outside the organisation, the process of amalgamation also required paying attention to many of the internal business systems and the physical accommodation of programs and services. Sites in Korumburra, Warragul and Bairnsdale were renovated or relocated to improve the working environment. In the case of the Princes Drive site in Morwell, it was to repair the roof which leaked every time it rained.

Internal business systems, particularly filing, finance and Information Technology (IT), were outdated and were beginning to hinder the effective operation of the organisation. With the rapid growth of Latrobe Community Health Service since the Hospital privatisation, there was a vast range of new programs and new sites where information was collected and managed. Leonie Coleman, who was the Director of Corporate Services at this time, highlights the challenges faced in managing client files in the amalgamated organisation.

Up until this point files were archived at each individual site including in a shed at the back of the Morwell Princes Drive site. There were in excess of 100,000 files. We discovered was that individual programs had their own set of files, CoCare Gippsland had its own files, but not only that, because Moe, Morwell, Traralgon and Churchill Community Health Centres also had their own files and filing systems. It was a huge issue. If you went to Traralgon and had your feet done, you had a file there and you were on the database there.

Then if you went to Moe and had your teeth done, you'd be on a file there. I think the most we had was nine files on one person. So we started a new database and we implemented a common filing system across all sites. It was a massive job to pull it all together. It's one of those things you look back on and say it has made a really big difference.

In addition to a diversity of client file management systems, the amalgamated organisation also inherited two different finance systems which also presented challenges. As Latrobe Community Health Service had focussed on service delivery, its finance system centred on paying wages. In contrast, CoCare Gippsland had primarily brokered services and its finance system centred on purchasing services through brokerage agreements that were in place with the service providers. There was a considerable effort to streamline and organise the finance systems into one effective system. Leonie Coleman summarises the process involved in redesigning the finance system.

When we first started to scope the project we realised we could put umpteen new finance systems in place, but we actually had to get better systems and processes in place on the ground first, so we would have consistency in getting information to finance in the first place. We undertook a big project to get this sorted. That took quite a while and it was at a point where it was ready when the Department's HealthSMART system was introduced. It was to be rolled out through the acute hospitals before being introduced to community health. The introduction of the new finance system is still in progress but the underlying systems and processes that have been put in place should ensure it will work well.

Some of the problems caused by the inconsistency of internal systems arose from the original implementation and uptake of technology. Computerised medical files, for example, had been used at Morwell and Churchill Community Health Centres since the 1980s, but telephone systems in both sites remained analogue. The situation the amalgamated organisation faced was that, in a modern professional workplace, information technology not only provided the main method of data management but was also becoming the main method of communication. However, at Latrobe Community Health Service the IT systems had not been sufficiently developed to enable staff to communicate across the sites within the organisation. Developing a new IT system became an organisation priority led by the Chief Executive Officer at the time. Toni Aslett was committed to bringing the organisation up-to-date with a new IT system, as she explains.

When I came in, LCHS had just done a review - their first employee engagement survey - and the biggest problem was the IT system. It failed everywhere. If you weren't in Morwell, you probably weren't online. It was incredibly slow, enormously frustrating and we weren't spending enough money on it. So we got an external review of our IT requirements and the Board agreed to additional capital funding of IT. We got the right person into the job and the second thing that happened was, within Gippsland they had an IT program for all the health services and we agreed to join in with that which gave us relatively inexpensive

broadbanding and a more reliable IT system. Within 18 months that went from being the worst part of being an employee in the organisation to being the best part. That was, I think, a real improvement for the organisation. It's a bit of a problem if you're trying to bring an organisation together and they're spread all over Gippsland and yet they can't communicate with each other. You know, we're so reliant on computers and the frustration that people felt was enormous day to day. They just couldn't get their work done. So that really helped.

A new IT system assisted staff to communicate with each other across sites. A further issue concerning how consumers and other organisations would communicate with Latrobe Community Health Service was yet to be addressed.

By this time, a considerable effort had improved the staff working culture and had streamlined and updated the internal business systems. While the immediate concerns of accommodation had been addressed by the renovation or relocation of a number of sites, there remained a need to improve the facilities at the sites that housed the largest numbers of staff. The Morwell buildings, in particular, presented an issue. The Princes Drive site was the former doctors' surgery built in 1956. The Buckley Street site was the former Morwell Public Office building. Not only were the ageing buildings in urgent need of structural repairs, but they could no longer provide for the requirements of a modern community health service.

Upgrading the LCHS Buckley Street site Morwell, 2000
Courtesy of LCHS Archive

For many years, the Board had been planning new accommodation in Morwell and Traralgon. The possibility of a health precinct was raised by the administrator of Latrobe Community Health Service in the *Latrobe Valley Express* in April 1997. By July that year, the Latrobe Community Health Service Board had established a Facilities Development Sub-Committee, which over the following eighteen months advocated for facility enhancements in Morwell. In December 1998, a Cost Benefit Report was prepared and, by March 1999, a Working Party was formed to investigate options for Morwell. In mid September 1999, The Hon Rob Knowles MLC, Victorian Minister for Health, announced plans for a $250,000 community health centre in Morwell. The month of May 2000 saw the four existing Morwell sites consolidated into the two locations in Princes Drive and Buckley Street. In December that year, the Morwell redevelopment was identified as a priority by the Gippsland Regional Office of the Department of Human Services. Finding a suitable site for staff car parking was predicted to be a major issue for the redevelopment in April 2002 and remained unresolved in November 2004.

The Master Plan and Feasibility Study Report for the Morwell redevelopment was endorsed on 5 July 2002, but in May 2003 the Victorian Government Budget was announced with no allocation for the redevelopment. In July 2003, the in-coming Chief Executive Officer Toni Aslett joined a newly established Facilities Development Task Group comprising the Board Directors John Guy, Margaret Peters, Brian Macintosh and Don Flanigan. Achievements over the next three years included developing a business case for the redevelopment, discussing various master planning options with the appointed architect, and negotiating with the Department of Human Services representatives, including Greg Blakeley who had previously served as the Manager of Churchill Community Health Centre prior to the 1995 amalgamations. The tail end of a very long process is summarised by Toni Aslett.

Probably that was one of the biggest challenges I had during that time. What I tried to do was work out where we were in terms of Government priorities. I knew the people that did the facility development in the Department at a senior level and they were just totally unaware that this was a project that needed to be funded. We almost had to go back to square one and in fact we did. First we had to get a better scoping document done. Then we had to work out how much money we really needed, which was scary to the Board. They were expecting a whole $5 million. I had to say to them, "You don't need $5 million. You need more like $18 million." As it was, they needed - I think - $21 million and that's what they were allocated. From $5 million to that is a big shift. Also we did not have enough land. We had to buy land around the Buckley Street site. This wasn't on anybody's priority list. We had to get it as a priority on the Department of Human Services capital projects list and we also had to get it onto the Labor Party capital list. If it was not on the Labor Party capital list, it would not get funded.

There was considerable work undertaken to gain the required Departmental and Government support. Toni Aslett outlines some of the steps to securing the funding for the Morwell redevelopment.

It was probably two and a half years of my three years work getting the Department of Human Services to understand the project at the most senior levels, to agree that it was a priority, and to do all that was required and requested, to do every bit of work that we were asked to do in regard to putting in submissions and proposals, getting our own independent analysis of the costings, so we knew what the asks should be, and trying to influence every man and his dog about the project, including getting bi-partisan support and getting it talked about in Parliament. All of that was required in the lead up to the 2006 State election. Then it was announced during the election campaign that, if the Government was re-elected, they would allocate $21 million. So that was just after I left that the promise and commitment was made. Now they've got a building. Up until then, there had been ten years of promises.

In the midst of streamlining administrative systems and renovating the older sites, the Government promise for funding the Morwell redevelopment was made. On 2 November 2006, as part of a $265 million promise to develop new facilities for country families, the Victorian Premier The Hon Steve Bracks MLA announced $21 million to redevelop the Latrobe Community Health Service Morwell site.

While the achievements concerning the Morwell redevelopment were taking place within the management of the organisation, Latrobe Community Health Service continued to run a wide range of programs and services in the community. Many of the programs were reviewed at this time and a Quality Framework was introduced to the organisation. The amalgamated Latrobe Community Health Service was re-accredited in March 2006 and March 2009.

Latrobe Community Health Service continued to run a number of unique programs that arose from a community need. The organisation took a leading role in diabetes planning in primary health care, developing a model that gained national reach. Two other innovative programs run by Latrobe Community Health Service addressed the needs of young mothers. In earlier years, the Koorie Midwife Service, which was transferred to Central Gippsland Aboriginal Co-operative on 5 March 2001, catered to young Indigenous mothers. At this time, the Special Needs Midwife Program operated to meet the needs of mothers with special needs.

For over five years, Latrobe Community Health Service operated the Special Needs Midwife Program as an early intervention maternal and child program that aimed to empower and educate women at risk. The Special Needs Midwife was Karen Ponton. The program targeted very young women, women with disability, women with drug and alcohol dependency, women experiencing mental illness, and women from culturally and linguistically diverse backgrounds. Outreach was also provided to women with extreme welfare needs who were unable to access mainstream services. Toni Aslett outlines the advantages of the Special Needs Midwife Program.

> *There was a program that went across to the Hospital that I thought Latrobe Community Health Service had done incredibly well on. The program supported young mothers who had special needs. I think that was a fairly unique program, particularly when you look at low birth weight children, locational disadvantage and the issues around young mums. All of that is a high priority at the moment within the State Government and Latrobe Community Health were actually doing it for years and years before it became a priority. It was one of those things that was a little gem - a small program that worked really well.*

The program was well networked and referrals came from General Practitioners, Obstetricians, Victorian Department of Human Services, Quantum Support Services, Anglicare, Juvenile Justice, Centrelink, Community Health Nurses, Alcohol and Drug Counsellors, Welfare workers, and families and friends. Due to changes of the funding structure of state government maternity services, the Special Needs Midwife Program was transferred to Latrobe Regional Hospital on 1 July 2005.

Besides running innovative programs to meet community needs, Latrobe Community Health Service also aimed to lead the way in health promotion and preventative health strategies. An ongoing campaign at the original Community Health Centres had been the use of fluoride supplements in children's dental care. Churchill Community Health Centre, in particular, had been a strong advocate for the use of fluoride and its dental service had been distributing fluoride tablets since 1978. Fluoridation was seen as a key preventative strategy in community dental health. Latrobe Community Health Service was integral in the significant achievement of the fluoridation of the Gippsland Water supply from July 2006. It had taken considerable energy over at least a decade to achieve. With Val Callister and Leonie Coleman, Toni Aslett had advocated for water fluoridation in Gippsland as a strategy for improving not only dental health itself but also in the prevention of other related and chronic health conditions. Toni Aslett explains how water in the Latrobe Valley was fluoridated.

Getting fluoride into the water was a really important thing, so that down the track there might be improved dental health so we wouldn't be dealing with the same problems. Prior to me coming, there had been quite a push from community health to try and fluoridate the water in the Latrobe Valley. It had never been fluoridated. Fluoride has always been - in the last 50 years - in the water in Melbourne, but not all country towns had been fluoridated. Some were. Some weren't. When they had attempted to do this, over ten years earlier, there had been death threats to people who had been spokespeople for it. There was a committee set up which included a whole range of people from different health care sectors in Gippsland, including from dental health and whoever was driving it from the Department of Health. We looked at an approach that would involve community consultation. That's what happened. There was community consultation. There was a period of talking about fluoridation. Then it was implemented. It was quite a long process.

Fluoridation of the water supply was a leap ahead for community health in Gippsland. Chronic and complex health conditions had long been a focus of the community health program and dental care was a key issue in maintaining the health of the community. Yet access to dental care in Gippsland was a serious concern, with the public dental system stretched to breaking point. After the closure of the Latrobe Valley Hospital, the public dental service had been relocated to Latrobe Community Health Service. Toni Aslett describes the appalling state of the public dental service at that time.

The dental issues in the Latrobe Valley were really bad. When I was there, it was a five year waiting list, which at the time was pretty much the worst in the state. The people on the list were the ones that hadn't given up. There were probably hundreds of others out there, who thought why would you put yourself on a list? There was a madness of policy that if you had pain in your mouth now, you could be treated as an urgent appointment but the dentist could only treat that tooth. You could imagine how demoralising that must have been for a dental professional, that they could see everything else that's wrong in your mouth, but they

couldn't treat it. They could only treat the emergency and then you go back on the waiting list. Dental care in rural communities is a huge problem. If you've got no money, it's almost impossible.

Taking into account the community health needs of people in Gippsland, plans for the Morwell redevelopment aimed to provide a purpose built facility offering the best community health service possible. Plans for a new, expanded dental suite were incorporated into the proposal for the Morwell redevelopment. Toni Aslett reflects on the decision to incorporate plans to develop the dental service.

The proposal for dental was one of the last things that I did in my time there. Trying to come up with a model that would somehow address this enormous problem - How could we improve dental health in the Latrobe Valley? If you don't have good dental health, there's a whole series of other things that can go wrong. It's a precursor to heart disease and you name it. So you've got to start there. To me that is really fundamental. The resolution was if we could get dentist training in there, so having those training chairs, if we could get more dental nurses coming in who could do some of the more basic care, then we might have a hope of making a difference.

Improved access to public dental care was eventually realised. The Morwell redevelopment plans included a new dental suite to enable an expanded scope of public dental services. With the idea of making treatment more readily available and reducing waiting lists to a reasonable length, the new dental suite was to also include training facilities for student dentists, dental therapists and dental nurses who could work with the public. Latrobe Community Health Service Senior Dentist, Bill Hamilton outlines the scope of the redeveloped Dental Service in 2010.

LCHS Senior Dentist Bill Hamilton, 2010
Courtesy of LCHS Archive

There's two permanent dentists and four part-time dentists. I'm mentoring two students here in Moe at the moment and we are going to have students from Melbourne University regularly. We have four part-time therapists. The clinic at Moe has four adult chairs and two children's chairs. The idea would be to have it fully staffed and we're working to that end… The new clinic at Morwell will be a teaching clinic under the auspices of the Melbourne Dental School at Melbourne University. There will be four adult chairs and two children's chairs and there will be training for students regularly up there. They'll have some staff to mentor, so they need more dentists to do that. Some of the therapists will be mentoring the Bachelor of Oral Health students. Plus, at Warragul, we've got two chairs there. So it's a very big expansion. It's following the plan of

Shepparton which was the first area to have this teaching clinic outside Melbourne. There are several others around - Bendigo, Wodonga and so on… The only thing we need up here is the specialist services - we don't have them. We've got to send people to Melbourne to the Dental Hospital. If we could get visiting specialists paid for through the public purse, that would be great.

The expanded Dental Service would become one of the largest public dental clinics outside Melbourne. Its work would be integrated with other community health programs including health promotion, nutrition, lifestyle management, and various preventative programs. One of these programs is the Smiles for Miles program which commenced in 2006 as a health promotion about nutrition and dental health for preschoolers and their parents. Over four years, the program grew from six participating preschools to 22 preschools, two early learning centres and a Special Development School. Bill Hamilton describes how the expansion of the whole dental program better enables Latrobe Community Health Service to meet the community's dental health needs by not only reducing waiting times but also providing high quality basic dental care.

The need has been there and we've never been able to meet it. We're getting our waiting lists down. It was seven years waiting to get a filling done. It's now 16 months, which is very good and on a par with Melbourne. But you must realise the socio-economic situation in the Latrobe Valley means there is going to be more unemployed here and hence more patients for us. So that's what we're building up to - to be able to get the levels down to only have about five months wait, which would be normal in any circumstance, even in a private practice.

Incorporating an expanded dental service into the Morwell redevelopment plans foresaw a potential solution to a major community health issue.

The Morwell redevelopment plans also included a purpose built centre to house the Early Parenting Day Stay program, which was run by Maternal and Child Health Nurses from 1995 to support families of children aged from birth to three years. Offering practical advice on parenting issues ranging from breastfeeding to toddler behaviour, the program has been greatly valued by families across Gippsland. One of the nurses who worked in the program was Maree Scanlan. She started at Traralgon Community Health Service in 1991 and continued as a Community Health Nurse with Latrobe Community Health Service for 12 years, before moving into a management role overseeing a variety of teams, such as Community Health Nursing, Planned Activity Groups, and Health Promotion until October 2008. Maree Scanlan describes the Day Stay program.

One of the most innovative things I've been involved in at the Health Service was the establishment of the Early Parenting Day Stay program which is still running to this day. But we had to fight hard to keep that. I actually wrote the submission with the CEO at the time for that and then the funding ran out after three years and that was it, the end of the

program. We knew that it was coming and so we rallied and got people writing letters to the paper and all of that. It gets lots of positive feedback out in the community. It's based on the Tweedle model in Melbourne.

LCHS Early Parenting Day Stay program, 2010
Courtesy of LCHS Archive

The Early Parenting Day Stay program had run in community health at various locations over the years despite a lack of ongoing funding. At different times, it was housed at the old doctors' surgery in Princes Drive in Morwell as well as the old Shire building in Traralgon. From 2010, the Day Stay program was based at the new Morwell site in a suite comprising a self-contained apartment and courtyard with full kitchen and bathroom facilities.

Between 2003 and 2006, Latrobe Community Health Service consolidated itself to become a more integrated, streamlined and effective organisation that continued to respond to community needs through a suite of programs and services that operated across Gippsland. Toni Aslett reflects on the development of Latrobe Community Health Service and its strengths.

I think that when I left we were part way towards a brighter new future. I enjoyed my three years at Latrobe Community Health Service. I think it was a great job… The willingness of staff to try and work on something new and improve things I think was a good thing. I think the Board was incredibly committed to the organisation. I think that they willingly went on a journey with me… I was quite excited about their future. I've got a deep admiration for Latrobe Community Health Service and it was certainly something that gave me a better sense for what happens in Gippsland and why Gippsland is the way it is. Because they are Gippsland wide and because they have a community focus, they've got enormous potential in Gippsland to be whatever they like and be seen as an organisation that adds value.

Building the Future of Community Health in Gippsland

Building the future of community health in Gippsland commenced with the amalgamation of the four Latrobe Valley Community Health Centres in 1995. After the new Latrobe Community Health Service then amalgamated with CoCare Gippsland, its scope was expanded to 330 staff, in more than 40 programs, operating at 12 locations, with a $23-25 million budget. The Health Service continued to grow even more and the number of programs Latrobe Community Health Service offered increased from 96 in 2008 to 118 in 2010 with the budget also growing from $24.8 million to $32 million. The current Chief Executive Officer of Latrobe Community Health Service is Ben Leigh. He has a long involvement with community health, having started out at Inner South Community Health Service in St Kilda. Ben Leigh describes the expanded scope of programs in the amalgamated organisation when he commenced in September 2006.

> *At that time Latrobe Community Health Service was still going through the process of integration from the amalgamations with CoCare Gippsland and the Community Health Centres some years before. So it was still integrating a lot of its functions. Its size at that stage was about $22 million and it provided around 65 different services. It had a Gippsland spread, with sub-regional sites and sub-regional services as well as Latrobe City services. We had primary health services in Latrobe City, dental health, allied health, including physiotherapy, occupational therapy, speech therapy, dietetics, podiatry, and also our District Nursing services, looking after people after they've been discharged from hospital or in the home. We had counselling services and a drug treatment service, which was an expanding program for both in-patient support and in-home support withdrawal, detox, and recovery services. We had sexual assault services and general counselling services. We had yet to really start developing our relationship with the Indigenous community and that was something that we saw as quite an important responsibility for us.*

Since that time, Latrobe Community Health Service has made a considerable effort to engage with Koorie people in Gippsland. Together with members of the Koorie community, Latrobe Community Health Service developed the Engaging Koorie People Plan and staff training for effective consultation and communication with the Koorie community. Staff are encouraged to communicate and consult more effectively with the Indigenous community in order to work towards developing collaborative partnerships and increasing access for Koorie people to community health services. A Koorie Cultural Awareness Program was developed in partnership with the GippsTAFE Koorie Unit and the local Koorie community. Ben Leigh outlines the progress Latrobe Community Health Service has made in engaging with the local Koorie community.

Over the last three years we have developed a Koorie engagement plan in partnership with the Koorie community that includes 23 strategies which we've implemented. As part of this we've introduced Indigenous cultural awareness training for all our staff. This is also included in orientation for new staff so that all LCHS staff will be trained. We also have an Executive Director that has specific portfolio responsibility for Koorie engagement. We've taken it very seriously and Koorie clients have tripled over three years. Koorie employees have also increased from one to twelve over that time and it is my aim that Koorie people feel comfortable to come in and out of all our sites and access our full range of services.

Latrobe Community Health Service employed a Koorie Engagement Officer with the aim of making community health services more accessible to Koorie people. In 2007, 195 Koorie clients contacted the organisation, while in 2010 610 Koorie people accessed services. Over this time, Koorie specific events, such as Koorie Community Health Open Days, commenced with twelve events running in 2010. Joint events were also held to acknowledge Reconciliation Week, NAIDOC Week and Close the Gap day. Latrobe City awarded its Australia Day Award 2009 for Community Event of the Year to Latrobe Community Health Service and Ramahyuck District Aboriginal Corporation Nindedana Quarenook Aboriginal Health Services for the 2008 Sorry Day Celebration.

In 2010, Latrobe Community Health Service was employing twelve Koorie people in a number of program areas that range from allied health, dental, and drug treatment to family violence, counselling, and respite and carer services. Some of the Koorie specific community health services included Koorie Dementia, Palliative Care, Sisters' Stylin' Up, and Men's Behaviour Change programs.

LCHS events with the local Koorie community for Reconciliation Week, May 2010
Courtesy of LCHS Archive

One project funded by the Australian Government for three years is the Mums and Bubs tobacco cessation project which aims to reduce smoking among pregnant Koorie women. The project involves the production of a DVD by Koorie women and a smoking cessation program in conjunction with GippsTAFE.

Local Koorie Men's and Koorie Women's Groups were initiated by Latrobe Community Health Service Drug Treatment, Health Promotion and Education in partnership with the Gippsland and East Gippsland Aboriginal Co-operative. The groups promote healthy active lifestyles for Koorie people in the Latrobe Valley by providing gender specific activities in a culturally safe and substance free environment.

General health promotion work has always been a key activity in community health with activities focusing on physical activity, nutrition, and social connectedness and mental wellbeing. Successful health promotion strategies over the years have included community health screenings for hypertension and diabetes at the Yinnar Country Fair, Mid Valley Shopping Centre, Morwell's old Town Hall, the Latrobe Valley Festival, in Erica and at the Grey Street Fete in Traralgon. One of the most significant health screenings was the first Cervical Cancer Screening Program in Victoria which was run by the Traralgon Community Health Centre. Ben Leigh highlights the developments in health promotion and education.

> *In the past we have undertaken health promotion and education that did not have a strong evidence base. What we're doing now is building evidence, particularly in health promotion, so that our strategies actually improve the health of communities. Now we are using existing health promotion strategies that have already been proven to work.*

Community health screenings continue to be an important strategy not only for raising awareness of health issues but also for early intervention. A collaboration between Latrobe Community Health Service, Central West Gippsland Primary Care Partnership, Central West Gippsland Division of General Practice and Relationships Australia saw 26 community health staff organise and run a 'Pit Stop' health promotion and screening project at the 2010

LCHS Pit Stop project at Farm World, 2010
Courtesy of LCHS Archive

Farm World at Lardner Park. Alcohol and drug counsellors, community health nurses, and peer educators were among the staff who ran health checks on blood pressure, mental health and coping, obesity, testicular cancer and bowel cancer. 114 men participated with 53% receiving a recommendation to see their GP. These results are a stark contrast to a health screening conducted in Morwell in May 1981, where 275 people were screened with approximately 25% referred on to their GP for hypertension treatment.

Worker health has also been a focus of community health with early programs running in local industries and workplaces to identify workplace health risks as well as worker health concerns. Health promotion and screening projects have had a considerable impact on the overall health and wellbeing of the community, but in particular have raised awareness of rural men's health. Ben Leigh reflects on the impact of workplace health screenings for raising awareness of health issues.

> *We'll be remembered for the health promotion work that we've done. An example of that is we developed quite an innovative worker health promotion program, where we went to local industry and developed a training package so that their own occupational health and safety and human resources people could implement worker health programs for their own staff. In recent times, we've taken on the WorkSafe Victoria WorkHealth Checks that have been rolled out across Victoria. We're in the early stages of providing that. We go in to local industries and do screenings. We're finding that it's uncovering, particularly in the male population, a whole range of latent conditions that people have just not known about. So we're now referring workers off to get proper treatment and management.*

Part of Latrobe Community Health Service's health promotion strategy has centred on chronic disease. Preventing and managing chronic disease has always been a core focus of community health, with chronic disease prevention programs running in community health sites across the Latrobe Valley since the early years of funding. Among these programs were the Latrobe Valley Smoking Control Project at Churchill Community Health Centre, the Diabetes Den at Morwell Community Health Centre, an Allergy and Nutrition Education program at Moe Community Health Centre, and a Children's Podiatric Screening program at Traralgon Community Health Centre.

The new 'Stay Healthy Latrobe' program is a unique initiative that originally commenced as a chronic disease management program. Now funded by the Victorian Government Early Intervention in Chronic Disease Program, Stay Healthy Latrobe aims to identify people who are at high risk of developing chronic disease, such as cardiac, respiratory, diabetes and complex chronic conditions. In 2010, the program provided individual assistance from allied health and nurse education staff to 100 new clients per month. Ben Leigh praises the innovation of this program in improving health and wellness in the community.

We took on a very significant early intervention in chronic disease program and that was very new and innovative for Victoria, for Australia and probably for the world. Rather than picking people up when they have already developed the disease, we work with them and support them to stay well and manage their own health, so that their chronic disease progresses even more slowly or not at all. Now after persevering and redeveloping it a couple of times, we're now hitting our targets and working effectively with people who are identified by their GPs as being at high risk of developing chronic disease. The rise of chronic disease, as we grow older and live longer, is really going to be a huge burden on both the community and our health services. We could have some impact on obesity and the other lifestyle influences to these diseases. We could prevent these sorts of conditions from getting worse and manage them more effectively, so the client would be healthier and it would be less of a burden on the health system. So it's quite an innovative program.

In addition to chronic disease prevention and management, Latrobe Community Health Service provides in-home support programs to promote and manage healthy ageing. Services are provided across Gippsland through the Aged Care Assessment Service (ACAS) and a developing program of Community Aged Care Packages (CACPs), which enable services to be purchased and managed on behalf of clients so they can remain living in their own homes rather than going into residential aged care. Ben Leigh points out some of the new initiatives Latrobe Community Health Service offers for in home support.

We've introduced what's called EACH - Extended Aged Care at Home - packages which are high level aged care in people's homes. Those people would be going into high care residential beds otherwise, but we were successful in getting EACH packages where we can provide all sorts of services, even nursing, into people's homes. They might be bed bound but we can support them in their homes. We also have a Home and Community Care plan for people from culturally and linguistically diverse backgrounds and we've increased our efforts in that area.

Latrobe Community Health Service is continuing to expand its programs for all members of the community. Its Culturally and Linguistically Diverse (CALD) Committee oversees a CALD plan for improving access to community health services for newly arrived refugees as well as for longer term residents who have difficulty with English. Since the post-war era, when employment with the State Electricity Commission (SEC) in Yallourn attracted many migrants to the Latrobe Valley, German, Italian, Dutch, Filipino, Maltese and Polish communities have become the largest migrant communities in Gippsland. For many years, programs in community health have been meeting the needs of people from culturally and linguistically diverse backgrounds in the Latrobe Valley. Among these programs were the Morwell East Adult Day Activity Centre at Morwell Community Health

Centre, the Moe Volunteers Program at Moe Community Health Centre, and Ethnic Women's Health Seminars at Traralgon Community Health Centre.

The newest community to make its home in Gippsland is the Sudanese community. While in 2007 only four newly arrived Sudanese refugee clients had contacted Latrobe Community Health Service, by 2010, 67 Sudanese refugees had accessed community health services for referrals, interpreting assistance and advocacy. A Service Access and New Arrivals Officer provides guidance and assistance to Sudanese refugees for health, welfare and other issues. A Refugee Nurse appointed in 2009 and a Refugee Health Project Worker, who commenced in 2010, both work to develop community relationships and improve the co-ordination of acute, allied health and community health services for refugees with programs at Latrobe Community Health Service.

One of the programs meeting the needs of refugees includes the Newly Arrived Drivers Program which provided training for mentors who worked with 59 participants to introduce road rules and the role of police in Australia. Another program, offered through a partnership between Gippsland Multicultural Services, Relationships Australia and Latrobe Community Health Service, assists women who have recently arrived from the Sudan to develop handicraft and small business skills as a pathway into training and employment, but also to health and support services. Information about nutrition, food buying, food storage and cooking styles for refugees in Australia is provided through an additional partnerships program called Community Kitchen.

By addressing cultural and language barriers, Latrobe Community Health Service has enabled more newly arrived refugees to access community health services in Gippsland.

LCHS programs for newly arrived refugees, 2009
Courtesy of LCHS Archive

Disability and Respite Carer Service programs continue to grow. Latrobe Community Health Service has undertaken consultation workshops with primary carers to determine their unmet needs and to provide them better support to deal with isolation, loneliness, information overload, and exhaustion, but also to enhance social interaction and build better relationships with General Practitioners. Ben Leigh describes some of the carer and respite programs and services Latrobe Community Health Service provides in the community.

> *We have a range of disability services and packages to support people with disabilities, both young and older, to remain living independently in their own home. We operate the National Respite Carer Service on behalf of the Australian Government to provide respite across Gippsland. Locally, we also provide mental health services as well with our Creative House program for people living in the community who have mental illness. We provide regular, ongoing activity and respite, as well as Planned Activity Groups, for our older community members. They come in to give their carer some respite and engage in some social activities at our sites.*

As a result of the consultation with carers, in 2010, Latrobe Community Health Service formed a Carers Reference Group for the Gippsland region to provide a more personalised service to carers that better meets their needs. Workshops assisted 35 carers in Morwell, Wonthaggi, Sale, Warragul and Bairnsdale who care for people with dementia.

Recently, Planned Activity Group members have benefitted from a technology program that helps them stay mentally alert through the use of video game consoles and physically active through virtual reality using the Nintendo Wii. Members have been introduced to virtual holidays on Google Earth, music and video clips on YouTube, and communication via Skype, Email, Facebook and Twitter. Planned Activity Group members have also participated in a positive wellbeing program with clients of the Creative House program that aims to reduce stigma and isolation experienced by older people and people experiencing mental illness.

LCHS Planned Activity Group technology program, 2010
Courtesy of LCHS Archive

Creative House is a specialist service for people experiencing mental illness that emphasises wellness and social inclusion. The project offers social activities and planned events centering on music, poetry, craft and gardening, including some educational activities such as Certificate I in Horticulture. The monthly Twilight Social Events held in 2010 included clients from other Latrobe Community Health Service programs and agencies ranging from Respite, Aged and Disability Services, and Drug Treatment to Gambler's Help and Community Mental Health Service.

LCHS Creative House program Twilight Social, 2010 - Courtesy of LCHS Archive

Latrobe Community Health Service took on the Gambler's Help program across Gippsland in 2008. A wide ranging program, it includes all of the Gambler's Help counselling, education, venue support, financial support, and financial counselling services for Gippsland.

The scope of Latrobe Community Health Service grew significantly after the initial amalgamation of the four Community Health Services and its later amalgamation with CoCare Gippsland. As the Health Service consolidated, it continued to build. In 2010, with a budget of $32 million, Latrobe Community Health Service was employing over 400 staff in 118 health and community support programs that operated from fourteen sites, into client homes or to other services. Yet, to ensure that programs could continue to be delivered effectively, an organisational restructure was warranted. Ben Leigh explains the details of the restructure that streamlined the organisation by reducing levels of management and grouping similar programs into strategic areas.

We've changed our organisational structure in a number of areas. We had three major organisational areas. One of them was very large with about 200 staff with one person responsible for that. There were other smaller areas, one with about 100 staff and another with about 60 staff. There were five levels of management. It was quite hierarchical. So

we undertook a restructure and spread the responsibilities out into five main areas we call Directorates. We appointed more Senior Managers but reduced the management layers to three levels of reporting for staff. We reduced the Directorates down to more workable sizes with about 60 to 100 staff in each of them and we focussed them on similar sorts of activities, so they weren't as large and disparate. So that was a lot of the work in 2006, 2007 and 2008.

The five directorates of Latrobe Community Health Service are Community Support, Co-ordinated Care, Primary Health, Ambulatory Care, and Corporate.

Latrobe Community Health Service was the first service in Victoria to develop a centralised Service Access System for consumers and other organisations. This occurred initially in response to the statewide Better Access To Services (BATS) project which, after a change of Government, was renamed as the Statewide Service Co-ordination Project. This project then led to the introduction of the Service Co-ordination Template Tool (SCOTT) that was implemented across Victoria. Latrobe Community Health Service implemented a central intake into all of its services, including the mandated State Government services. Ben Leigh describes how the centralised intake system works.

We have the region wide 1800 number for our National Respite for Carers program, so people are used to ringing us for different things. We've had up to nineteen sites across Gippsland and they've all had their own contact numbers so entry into the organisation has been quite fragmented. Now we have all of our receptions across Gippsland linked up and we've introduced a team of Service Access Officers who are trained to be able to provide information, advice and referral, so they can deal with customer enquiries, by working through their issues with them on the phone or referring people to a LCHS service or to another service. When people ring the 1800 number, the system will route them to the next available reception phone across Gippsland, so they are not waiting in a queue or ringing out at one site. That reception area, which may be down in Bairnsdale, can refer the caller to a Service Access Officer anywhere in Gippsland, wherever the caller might be.

The Service Access System has been refined into an effective and efficient centralised intake system, with the capacity to handle the 100,000 incoming calls and 27,000 electronic referrals received each year. Latrobe Community Health Service has led the way in developing this large scale centralised access system and is the largest user of S2S electronic referrals in Victoria. The system not only enables direct access to community health services for consumers but also improves engagement with GPs and other agencies. Ben Leigh reflects on the development of the Service Access System.

It would be fair to say that it's been a journey filled with many challenges as we've tried to align all of our practices to that central point of referral. It's been very important for us to be able to provide engagement, particularly with GP practices that refer to us across the region, so that they can be assured that their patients are getting through to the right people and getting the services that they require. So the system's been continually refined and developed over the last few years. Now other services from across the state are coming to us and looking at our Service Access System as they are trying to do similar things on that scale, because it's quite a large scale across Gippsland.

The Service Access System enables Latrobe Community Health Service to successful operate programs across Gippsland. As the organisation has grown, the waiting times for specific services have decreased. In Drug Treatment Services, the five week waiting time for withdrawal was eliminated and the waiting time for the Aged Care Assessment Service was halved to fifteen days. Most significantly, the waiting time for public dental services was dramatically reduced, with the waiting list for general dental care decreasing from 66 months in 2006 to eleven months in 2010 and the waiting list for dentures decreasing from 40 months in 2006 to twelve months in 2010.

Besides improved service access and reduced waiting times, an effective process of referral from GPs is key to successful service provision. In 2010, Latrobe Community Health Service processed 3,200 GP referrals representing an increase of 220% in one year and indicating positive relationships with local doctors. Over the years, the relationships between community health services and GPs have varied from very stable collaborations with doctors working in Churchill Community Health Centre and Moe After Hours Medical Service to major predicaments with doctors severing ties from Morwell and Moe Community Health Centres. Ben Leigh outlines Latrobe Community Health Service's commitment to the provision of GP services in Latrobe City.

We want to more effectively link with GPs, so the transition for clients between the GP and ourselves is more seamless and where it's appropriate, or where it adds value to existing GP services, to work in partnerships with GP services, to provide specific services to particular high risk groups. It might be for people with drug and alcohol issues that might need a particular clinic. It might be for Indigenous clients. It might be where perhaps we can even do it on our sites in partnership. We're just in the process of appointing a Manager of General Practice Development, so that's quite an exciting project for us and of course it requires a high level of communication with the local GPs and the GP Division.

In addition to improving relationships with GPs, Latrobe Community Health Service is committed to improving the evidence base of community health and fostering placement students in rural areas. Through a joint agreement with Monash University Department of Rural and Indigenous Health (MUDRIH), the Professional Education

and Research Unit (PERU) was established to house research professionals and manage student placements and internships. Ben Leigh summarises the purpose of the new research initiative.

> *As part of our strategic plan, we wanted to really take a leading role in contributing to the knowledge base - the evidence base - particularly in population health and wellness. We now have a Senior Lecturer here with us on site who is funded from Monash University. Her role is firstly to manage and increase student placements. We want to really increase our student numbers, because students for us mean future staff and also students are great for our practice because we learn from students and that's good for our clients as well. Secondly, it's to promote inter-professional or inter-collaborative learning for our students and our staff. We're really wanting to get people out of their silos and get them working together and thinking holistically about their clients. Thirdly, it's research. We really want to foster a climate of research here at LCHS.*

A second research partnership with Monash University Peninsula led to another academic appointment of a Senior Lecturer in Chronic Disease to support staff in identifying research opportunities and in continually improving services for people with chronic disease. Identifying new research areas will enable Latrobe Community Health Service to further develop the evidence base of community health service provision. To encourage staff to conduct research, a Chief Executive Officer Research and Study Scholarship has been introduced to support staff research. In 2010, six staff participated in research with five receiving scholarships.

Staff best practice is also enhanced via contact with placement students who have the most recent training in the most up-to-date techniques and equipment. Latrobe Community Health Service hosts placement students in a range of fields such as allied health, nursing, medicine, counselling, community care, and dental care. Placement student numbers have increased from 24 in 2008 to 114 in 2009 and 143 in 2010, with placement numbers continuing to grow. Ben Leigh overviews the advantages for the organisation in terms of additional funding and for placement students in terms of diversity of practice.

> *We've just recently been successful with our HWA - Health Workforce Australia - submission. That's about increasing student placements. We've also recently been successful with some State Government finding to introduce student-led clinics. Attracting students is absolutely critical because we need to expose them to the benefits and the advantages of a rural environment, because they get diversity of practice, they don't get pigeon holed and they need to know what a great area Gippsland is, particularly the Latrobe Valley, because it's so close to Melbourne.*

Placement students have long been attracted to community health services where they are able to use their skills in student-led clinics and other practical programs. In the early years of community health, placement students played a key role in staffing programs as well as conducting research projects. Among these research projects was a needs analysis for a kindergarten program in the Glendonald Estate in Churchill, an outreach program to determine the needs of youth in the Latrobe Valley, and a shift work survey in local industries.

Allied Health students on placement at LCHS, 2010
Courtesy of LCHS Archive

The growth of Latrobe Community Health Service has enabled better management of services through more efficient co-ordination, more effective resourcing, more secure funding and better access for the community to a wider range of primary health services. Brian Macintosh was a member of the Committee of Management of the Morwell Community Health Centre from 1982 through to 1995 and then became a member of the Board of Latrobe Community Health Service from 1995 and served until 2009 with one year as Chairperson, one as Vice-Chairperson and two as Treasurer. Brian Macintosh reflects on the development of the service provision since the amalgamations.

> *The 1990s were extremely busy. A lot was happening. Once we got over the management situation, the expansion was enormously rapid with the transfer of services from CoCare Gippsland and the Hospital. We grew very quickly… I don't think there are many areas where there's not better access actually. It's mainly just been a process of consolidation and transfer of services to more appropriate areas. But there has been less and less community involvement… People just weren't interested. It didn't cost them to be a member, but there were no perceived benefits in being a member apart from being able to come along and vote at a meeting and I think there's no more at meetings these days than normally arrived at a Churchill meeting or a Morwell meeting back in the old days.*

The shift from the old days of the community-driven health centres to a modern, co-ordinated organisation has provided more benefits to the community overall. This was a goal the Board of Management sought to achieve. One of the Board members was John Kerr, who had joined the Board as a Division representative for the Central West Gippsland Division of General Practice on 1 September 1997. He left the Division in 2000 but continued on the Board until 16 November 2006, serving two years as Treasurer. John Kerr sums up the successful operation of Latrobe Community Health Service.

> *An organisation can get too big, it can get too inefficient and I've been involved in organisations like that, but I think LCHS is at a good size. It's got terrific financial resources and I think they're being well used. I think having the economies of scale can allow you to provide better quality services and wider ranging services across wider areas, and I'm pretty sure that's what's happened… The primary purpose of community health centres is preventative health - teaching people how to live healthy lives before they get crook, teaching them smoking is not the best thing to do, heavy drinking is not the best thing to do, exercise is good for you and good diet is good for you, and all that type of stuff. From my experience, if Latrobe Community Health Service had a good idea on behalf of the community, they would put a proposal into the Government. They were generally fairly successful in getting seeding funding without any guarantee beyond a six or twelve month period. But if it was proven that it would work, that it was working and would meet community needs, they then put in for ongoing funding and were generally fairly successful.*

The governance structure of community health enables Latrobe Community Health Service to be responsive to community needs, in line with the original aims of the Community Health Program. The independent Board has established effective internal structures and aligned itself with Governance Best Practice. A number of internal committees which incorporate independent members support its work, including an Audit Committee that monitors business risk; a Quality and Safety Committee that focuses on clinical governance; and a Remuneration Committee. The development of a five-year strategic plan in 2006 saw the Board's activities structured around key objectives. Ben Leigh highlights the significance of having an independent Board.

> *Victoria is the only state now in Australia that has independent governance for individual health services. We're one of forty independent community health services in Victoria - in Australia for that matter - where the Board is not overloaded with the pressures of the acute hospital system and is able to more effectively focus on wellness, prevention, and the social determinants of health.*

Yet, the independence of the Board at Latrobe Community Health Service, and all other community health centres in Victoria, came under question in 2009 as a result of a clause in the governing legislation. Ben Leigh outlines the challenge to the organisation's charitable status by the Australian Tax Office.

In 2009, we had an issue with the Australian Taxation Office statewide where they were going to remove the charitable status of independent Victorian community health centres. The ATO deemed us as being an arm of Government because we were established under the Health Services Act, so the Minister could remove somebody from the Board under the power of that Act. They said because of that we were an arm of Government, we were not independent. Eventually we got the support of the Victorian Government so that the Health Services Act was changed and that control was taken away. There is now a registration process that satisfies the ATO and allows us to retain our charitable status.

With the charitable status confirmed, Latrobe Community Health Service was officially acknowledged as an independent organisation with its own governance and the ability to set its own agenda in meeting the community health needs of people across Gippsland. With independence comes a responsibility to be sustainable and autonomous. Ben Leigh reflects on the vision of the amalgamation of the four original Latrobe Valley Community Health Centres in terms of the longer term independence and sustainability of community health service provision.

We are truly independent now, obviously with controls and accountabilities but fewer than we used to have. That's going to make the future for us very different because to a certain extent we have to be able to stand alone. We have to be able to be sustainable. I think for LCHS because of the critical mass, because of the size that we have, because of the regional spread that we have, I think we are in a very good position. This then goes back to history of LCHS because this has been about the foresight of the amalgamations, difficult as they were, and of the broader longer term visioning to be able to position this service for the future.

The confirmed charitable status of the organisation meant that the Minister could not intervene in community health governance issues. Governance of Latrobe Community Health Service had become truly independent. While the interim committee of the amalgamated health service in 1995 had been appointed by the Minister, subsequent committees were elected from the community. For a number of years, community health committees included representatives of local government and local hospitals. However, the Board of Latrobe Community Health Service has undergone much review and Directors are now elected on the basis of their skills rather than any affiliation, as Ben Leigh explains.

The Board has taken the approach that we need a range of skills and using those skills we need to establish an organisation that can engage with particular stakeholder groups. We have a whole range of stakeholder groups and we work with people from culturally and linguistically diverse backgrounds, Indigenous people, people with disability, carers, and others, who have a particular interest in us.

Former LCHS Board Directors, 2010
Back from left: Don Flanigan, Carolyne Boothman, Steven Elvy, Chris Devers Front from left: Steven Porter, Janice Chesters, John Guy, Peter Wallace
Courtesy of LCHS Archive

From left: John Guy, Board Chairperson, 2009-2011; Alan Dingwell, LCHS volunteer of the year 2010; Ben Leigh, LCHS Chief Executive Officer since 2006
Courtesy of LCHS Archive

Latrobe Community Health Service supports the skills development of its Board Directors, who have each undertaken governance training and various other training through the Department of Health. Plans are in place for all the Board Directors to complete advanced governance training through the Australian Institute of Company Directors. The journey to develop the Board commenced as part of the organisation restructure and forward planning after amalgamation with CoCare Gippsland. Former Chief Executive Officer Toni Aslett reflects on the early attempts to develop the Board.

> *During the time I was there, we reviewed all the governance and developed governance papers and policy, looked at the term of office, tried to encourage some younger people to come on the Board and we were successful in getting a few fresh faces onto the Board. We were very conscious of the fact that we didn't have enough women on the Board but it was also having enough of the next generation as well.*

Many of the Directors who have served on the Board are experienced leaders from local communities who have also been involved in community health over the years. Lorraine Bartling was one of the original Committee members of the Traralgon Community Health Centre and later, after serving terms as Mayor of the City of Traralgon and of Latrobe City, returned to become a member of the Latrobe Community Health Service Board from 17 June 1997 until 18 November 2004, serving two years as Chairperson. She has experience on a number of Boards of Management including the Boards of Gippsland Water, Latrobe Regional Hospital, Yallambee

Traralgon Village for the Aged and Quantum Support Services. Lorraine Bartling reflects on the nature of the Latrobe Community Health Service Board as a skills-based Board of Management.

For eight years I was on Latrobe Community Health Service Board and I can honestly say I don't think there was any politics involved at all in it… We had actually the whole Board fairly strong right from day one with women. I would encourage women to get on a Board but I think it is critical that it's the right person. I feel quite strongly about that… I think you've just to stand up and be sure you don't speak before you think about what you're going to say, so they do have some respect for you. I've seen it happen before. Some women can get very enthusiastic and they lose credibility.

Former LCHS Board Directors, 2001. From left: Margaret Peters, Brian Macintosh and Lorraine Bartling
Courtesy of LCHS Archive

Among the women who have served on the Latrobe Community Health Service Board is Margaret Peters. Her long involvement in community health extends from joining the Community Health Centre in Carlton in 1975 to becoming the Deputy Director of Nursing at the Royal Women's Hospital. After retiring and moving back to Gippsland, in September 1999, Margaret Peters was approached to join the Latrobe Community Health Service Board, given her experience as a former Board member of the Hospital Superannuation Board Victoria and former Chairperson of both UNICEF Australia and the International Confederation of Midwives. She was also appointed to the Board of the Latrobe Regional Hospital when it returned to public ownership. Having served three years as Chairperson and two as Vice-Chairperson on the Latrobe Community Health Service Board, she retired from her position in November 2009. Margaret Peters reflects on the development of the Community Health program and Latrobe Community Health Service.

The ethos of community health has a great deal of appeal. I think there is a great complementary between what is delivered in an acute care setting and what is delivered in a community health care setting, but I actually believe in them being delivered by separate entities. Not all of my colleagues do. It's very hard - even with a very defined funding arrangement that we have today - to get the right emphasis onto community health. It's drawn upon rather than given to. That might be a way of saying it. I think that one of the Board's aims in building a modern and up-to-date new house is that people will see it as a prime health approach rather than a secondary health approach. It is to a degree

how you look as much as what you do… During my time on the Board, it's grown and it's developed. When I first came on the Board, there were a very small number of programs. It's accumulated programs, it's spread itself from one end of the area to the other in Gippsland.

The scope of service delivery extends throughout a large geographic area beyond the Latrobe Valley. Members of the Board are drawn from a large geographic area and bring a diversity of experience to guide the future service delivery of Latrobe Community Health Service. The current Chairperson of the Board is John Guy. He first came to Morwell in 1960 and his family used the Medical Clinic of Morwell Community Health Centre. John Guy has served three terms as Mayor of Morwell and was Chairman of the Latrobe Regional Commission and Chairman of Commissioners of Wellington Shire during the local government amalgamations. He joined the Board on 1 September 1997 and has served five years as Chairperson and two as Vice-Chairperson. John Guy highlights challenges for Latrobe Community Health Service in the future.

I've had an interest in health through my work at the SEC because I was involved in occupational health and managed the Occupational Health Service there. I suppose with having my own health problems, I've been interested in it from the treatment point of view too and the facilities that are available here compared to what's available in Melbourne. I think one of the problems with our society is that when people get sick, they think straight away - Doctor. I'm a great believer in the preventative model and I think that is where community health has got a big part to play… One of the challenges we are facing now is to co-ordinate everything. The other challenge that we've got is the employment of doctors in the Service which is where Community Health started. That's where we are heading and if we look at it, we are turning in a complete circle. Going back to Morwell Community Health Centre, that's how it always was… But because people have complex health issues, the programs have got to be integrated so that people get the right sort of treatment in the end.

The original 1973 Community Health Program funding guidelines included a recommendation that some medical practitioners could be incorporated into a multi-disciplinary team environment to deliver services that would meet the specific needs of a local community. Complementing a diversity of programs and services now offered in community health, Latrobe Community Health Service has established referral partnerships with General Practices in the Latrobe Valley and across Gippsland.

Accommodation of the diversity of programs and services delivered by the organisation had been an issue for some time. In 2006, Latrobe Community Health Service moved out of the original Morwell Medical Clinic and Morwell Community Health Centre building in Princes Drive to consolidate its Morwell offices in Buckley Street as part of the preparation for the Morwell site redevelopment.

Former LCHS site at 81-85 Buckley Street Morwell
Courtesy of LCHS Archive

In 2008, funding was officially announced for the redevelopment of the Latrobe Community Health Service Morwell site on the corner of Buckley and Church Streets by The Hon John Lenders MLC, Victorian Treasurer. The demolition of the old Del Spana Motel, the old Country Fire Authority building and the old dairy building took place in September 2008. Construction of the new two-storey 2,400m^2 building commenced in January 2009, with the first sod turned by The Hon Daniel Andrews MLA, Victorian Minister for Health, on 16 March 2009.

The building design included energy efficiency and environmental features ranging from zoned air conditioning, double glazed windows, and automatic lighting to underground rain water tanks, sensor taps in clinic areas and staff bicycle racks.

Demolishing the building at 81-85 Buckley Street Morwell, 2010
Courtesy of LCHS Archive

Installing underground water tanks at the Morwell redevelopment, 2009
Courtesy of LCHS Archive

Costing $22.35 million, the new building was officially handed over to Latrobe Community Health Service on 7 June 2010. The redevelopment created a state-of-the-art community health facility to accommodate more than 160 staff and it includes six dental chairs, a prosthetics laboratory, three community rooms, 21 consulting rooms, five interview rooms, a physiotherapy centre and a parenting day stay centre. An outdoor reflective garden and internal courtyards were also developed with the involvement of the local Koorie community.

Two commissioned artworks complement the building. The first artwork *Life Cycles* (2010) by Melbourne-based Mothers Art is embedded in the perimeter fence and represents the seasonal flow of water through the landscape. The second artwork *Vital Signs* (2010) by Bowral artist Bronwyn Berman is a five-metre tall stainless steel sculpture representing wetland plants. Both artworks reflect the healing and regenerative qualities of water.

***Life Cycles*, 2010**
Courtesy of LCHS Archive

***Vital Signs*, 2010**
Courtesy of LCHS Archive

The new Latrobe Community Health Service site on the corner of Buckley and Church Streets, Morwell was opened on 27 October 2010 by The Hon Daniel Andrews MLA, Victorian Minister for Health. The gala opening was attended by over 1,500 people who took advantage of free health checks and exercise classes as well as educational talks and tours of the new facility. Its opening heralded a new era in the provision of consolidated, co-ordinated primary, medical, dental and allied health services across Gippsland. Senior Manager of Capital and Strategic Projects Leonie Coleman oversaw the Morwell redevelopment. Leonie Coleman reflects on the significance of the project.

> *The opening of the new Morwell building provides a fantastic building for the community to use but also a building that is well designed to incorporate evolutionary changes to community health both now and into the future.*

LCHS Board Chairperson John Guy (left) at the Official Opening of the Morwell redevelopment by The Hon Daniel Andrews MLA, Victorian Minister for Health, 27 October 2010
Courtesy of LCHS Archive

The next episode in community health focuses on the provision of high quality services from highly visible and highly accessible sites, as Ben Leigh explains.

We've recently purchased and refurbished the new site in Traralgon, built the new site in Morwell, and relocated our Sale site. The Board has just approved a major refurbishment of the Moe site and we'll refurbish our Churchill site as well. We are also currently in the process of relocating our Bairnsdale site from a little place out the back of a shop to its own much larger improved street front site. We are investing a lot into ensuring that our sites across Gippsland will be highly visible and highly accessible and they'll be saying that LCHS provides high quality services and they're for everybody.

Challenges for the future of community health reflect some of the challenges that have been overcome in the past. Marketing the benefits of community health continues to be a priority, along with maintaining a balance between preventative care and curative type treatment. Ben Leigh outlines his hopes for the future of Latrobe Community Health Service.

For the future, I would want people to have a really strong understanding of their community health service and be able to come in and access a whole range of services and feel comfortable about coming in and out. Our challenge is to make our centres friendly and accessible and not intimidating… Our other challenge is going to be to keep a balance between the social model of health and the immediate health needs of our community. However we need to guard against focussing too much on clinical curative services because what we're about is improving the health of our community.

The vision of Latrobe Community Health Service is for better health, better lifestyles and stronger communities. By aiming to provide excellent customer service and create a successful environment, staff endeavour to provide their personal best and act with the utmost integrity. With these values underlying its work, Latrobe Community Health Service delivers programs and services that enable people across Gippsland to live healthier, live better and live longer.

LCHS staff Christmas party, 2009
Courtesy of LCHS Archive

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