



Australian  
National  
University

## CONTACT US

Australian Primary Health Care  
Research Institute  
Building 63  
Australian National University  
Acton ACT 2601  
T +61 2 6125 0766  
E [aphcri@anu.edu.au](mailto:aphcri@anu.edu.au)  
[aphcri.anu.edu.au](http://aphcri.anu.edu.au)



APHCRI CENTRES OF RESEARCH EXCELLENCE  
EVIDENCE INFORMING THE FUTURE OF  
AUSTRALIAN PRIMARY HEALTH CARE

ANU College of  
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Research Excellence:  
Evidence informing  
the future of Australian  
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# FOREWORD

The Australian Primary Health Care Research Institute is supported under the Australian Government Department of Health's Primary Health Care Research, Evaluation and Development (PHC RED) Strategy.

The research that is funded by the APHCRI Centres of Research Excellence covers a wide array of the health issues that we currently confront:

- > tackling obesity and its causes;
- > closing the gap in Indigenous disadvantage by addressing the health needs of urban Indigenous children and early interventions to minimise the impact of chronic diseases;
- > chronic disease prevention in rural and remote communities;
- > bridging the oral health gap by forging links between dental health and primary health care services;
- > enhancing quality, performance measurement, sustainability and integration within the primary care system;
- > investigating improved financing mechanisms to help make the system more sustainable; and
- > bringing Canadian and Australian experts together to develop and share ways to improve the delivery of primary health care services.

This Research Portrait highlights the inspiring range of work that is being undertaken by researchers across Australia. Readers can learn about the partnerships involved, the investigations being undertaken, and the innovative solutions being developed.

The research that APHCRI funds is based on national priorities and informs politicians, policy makers, health care providers and consumers about how primary health care and the primary health care system can be improved. It has a tangible impact on policy and practice.



A handwritten signature in black ink, appearing to read 'Terry Findlay'.

Associate Professor Terry Findlay  
Head of Programs



# THE CENTRE FOR OBESITY MANAGEMENT AND PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE (COMPARE-PHC)



**Director: Professor Mark Harris, Executive Director, Centre for Primary Health Care and Equity, University of New South Wales**

**Headquarters: Centre for Primary Health Care and Equity, University of New South Wales**

**Funding Period: July 2012 - July 2016**

People who are overweight or obese are at a higher risk of a number of chronic diseases including cardiovascular disease, type 2 diabetes and cancer. With recent studies showing that three out of five Australians are either overweight or obese, weight management has become an increasingly important health issue for which primary health care plays an important role.

Established in 2012, the Centre for Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC) aims to inform primary health care guidelines on the prevention and management of obesity in disadvantaged populations across Australia, particularly in relation to socially and economically vulnerable groups.

Since its establishment, the Centre has developed or identified a number of weight-management and obesity-prevention initiatives for trial in the Australian context.



As part of the Growing Healthy project, researchers are developing and testing an infant feeding app and website for mothers and babies, while the Better Management of Weight in General Practice (BMWGP) trial is developing and evaluating an intervention to assist general practices to support obese patients to manage their weight.

Feasibility studies are underway in Adelaide and Sydney, to determine the feasibility and acceptability of the Counterweight Program to Australian general practices and patients. The Counterweight Program was developed in the UK and is one of the few weight-loss programs that have been successfully rolled out across a health system after research.

COMPARE-PHC is also concerned with the cost-effectiveness of weight management interventions delivered by primary health care. The Preventive Evidence into Practice (PEP) study involved the development and trial of an intervention that aimed to assist general practices to implement guidelines on the prevention of chronic disease, including assessment and education relating to physical inactivity and diet.

COMPARE-PHC is now matching the data from this study with Medicare data to identify the cost-effectiveness of the intervention.

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As referral to weight loss interventions occurs too infrequently to have a widespread impact, COMPARE-PHC is now conducting a qualitative study to investigate factors influencing GP decision making about which patients with a BMI above 30 they refer to specialists.

While it is currently undertaking a number of exciting new projects, the Centre's research has already been used to inform the Australian Government's National Preventative Health Strategy and the implementation of the Obesity Prevention and Management Guidelines, produced by the National Health and Medical Research Council.

**For more information please visit:**

**<http://compare-phc.unsw.edu.au/>**



# THE CENTRE OF RESEARCH EXCELLENCE FOR INDIGENOUS PRIMARY HEALTH CARE INTERVENTION RESEARCH IN CHRONIC DISEASE



**Director: Professor Alex Brown, Theme Leader, Aboriginal Health Research, South Australian Health and Medical Research Institute**

**Headquarters: South Australian Health and Medical Research Institute**

**Funding Period: December 2010 - December 2014**

Chronic disease causes around 80% of the mortality gap for Indigenous Australian aged 35 to 74 years. Established in December 2010, the Centre of Research Excellence for Indigenous Primary Health Care Intervention Research in Chronic Disease aims to improve the health of Indigenous Australians suffering from, or at risk of, chronic diseases such as diabetes, heart disease and kidney disease.

Since its establishment researchers at the Centre have collaborated with Aboriginal Medical Services to investigate

**Chronic disease in Indigenous Australians remains a pivotal target; a key opportunity to develop responsive health policy that delivers improved cost-effective prevention, early detection, and management.**

the barriers to quality primary health care, and to evaluate strategies to improve the availability, quality and safety of this care. Importantly, the Centre is helping to build the capacity of community and current health-care services to conduct high-quality research in chronic disease prevention.

In partnership with the previously-established Kanyini Vascular Collaboration (KVC), the Centre has documented gaps between evidence and practice in the primary health care screening and management of Indigenous Australians at high vascular risk. Through its work with the KVC, the Centre has identified significant barriers to, and enablers of, chronic disease management across the care continuum. This work includes completion of a multi-centre, randomised-controlled trial across urban, rural and remote settings to explore whether a polypill-based strategy improves medication adherence amongst people at high vascular risk. Findings from this trial were published in early 2014.

The Centre is currently working on two health service research studies in collaboration with a number of Aboriginal Community Controlled Health Services. The first is the 'Well-being Model', which aims to improve quality of care, health outcomes and importantly the quality of life for Aboriginal and Torres Strait Islander people living with a chronic disease. The second is the

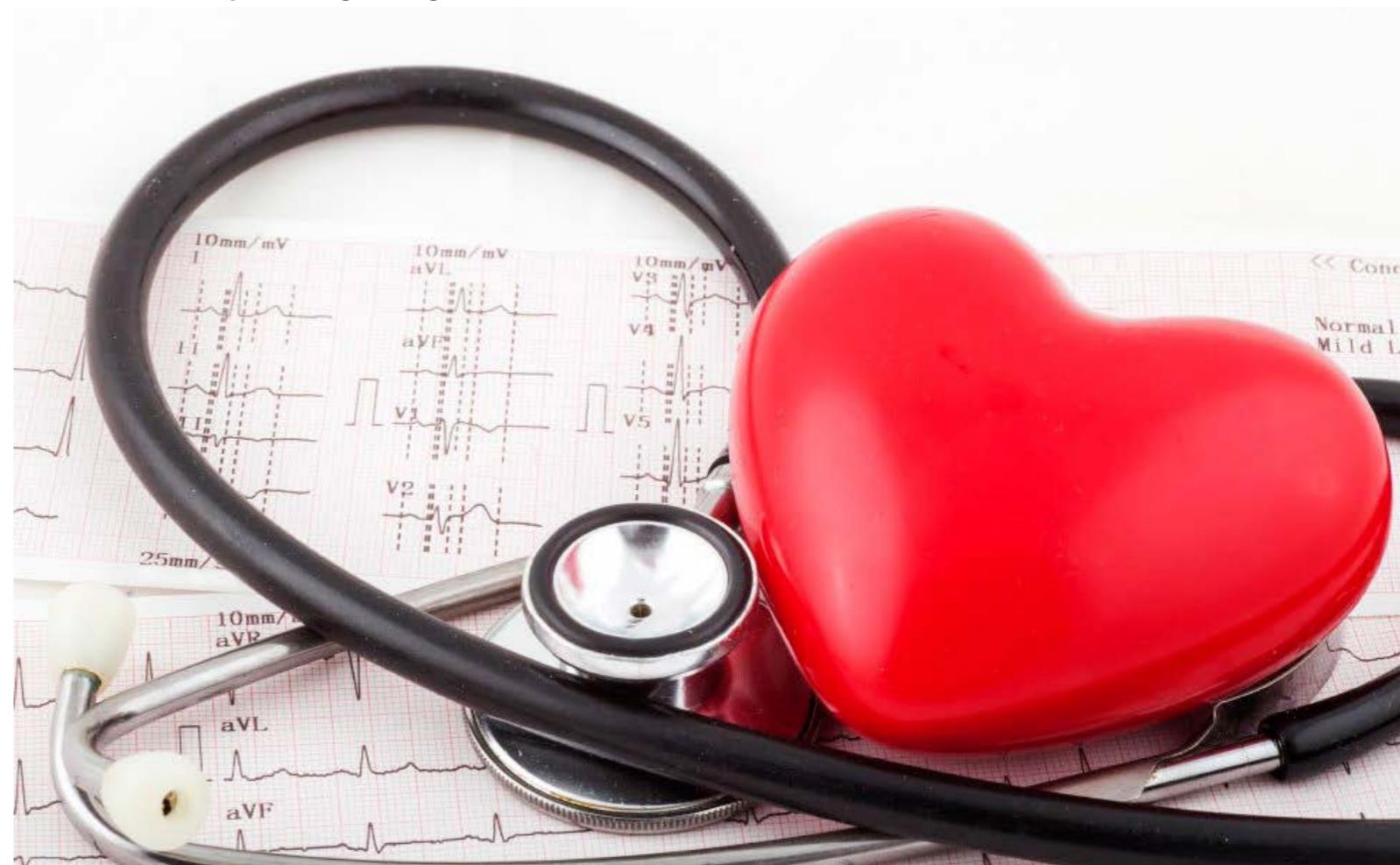
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Home-based Outreach chronic disease Management Exploratory Study (HOMES), which explores novel approaches to addressing chronic disease management in home-based outreach settings.

Through its focus on capacity building, the Centre aims to help current primary health care services respond and adapt to health reform over time, and equip them with the necessary systems and skills to effectively identify, manage and prevent chronic conditions in their local Indigenous communities. The Centre also seeks to examine the utility and effectiveness of the Australian Government's 'Closing the Gap' package within the primary health care sector, and inform its future evolution.

**Find out more about this Centre on the ROAR database:**

**<[www.phcris.org.au/organisation/4585](http://www.phcris.org.au/organisation/4585)>**



# THE CENTRE OF RESEARCH EXCELLENCE IN CHRONIC DISEASE PREVENTION IN RURAL AND REMOTE COMMUNITIES



**Director: Professor Robyn McDermott, Professor of Public Health, Sansom Institute for Health Research, University of South Australia and the School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University**

**Headquarters: Sansom Institute for Health Research, University of South Australia and the School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University**

**Funding Period: January 2012 - December 2015**

Chronic diseases are the leading causes of death and disability in Australia, and impact heavily on the health care system. Due to the substantial burden on resources and funding, the prevention of chronic disease, particularly in rural and remote communities, is a major health priority for both National and State governments.

Established in 2012, the Centre of Research Excellence in Chronic Disease Prevention in Rural and Remote Communities aims to reduce the incidence and impact of diabetes, heart disease and renal disease in isolated populations by innovating and evaluating community-based interventions to help combat obesity, smoking, drug and alcohol abuse, and poor nutrition.

To achieve this, the Centre is following a cohort of adults and children from rural and remote communities in South Australia and Queensland over an extended period of time, assessing the health impact of primary health care initiatives on chronic disease management at each stage of the care continuum.

Results from this cohort have already shown that one third of participating Torres Strait Islander adults with diabetes do not

manage their condition optimally (HbA1c >8.5%), and only half of these adults receive insulin – in comparison to less than 10% in the AusDIAB national sample. The Centre has also found that due to poor execution, smoking interventions implemented in Indigenous communities are having a low impact on behavioural change.

In addition to management and intervention, the Centre's research into nutrition has shown that remote populations rely far too much on low nutrient, high sodium, white bread as their primary source of vitamins and minerals. To address this problem, the Centre is currently examining a modelling exercise, which looks at the impact of food subsidies and pricing policy on purchasing patterns in remote communities.

The Centre is also conducting the first systematic evaluation of the impacts of Alcohol Management Plans (AMPs) in Queensland, a study which has relevance for similar strategies in other jurisdictions.

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So far, the qualitative phase of the AMP evaluation has documented the views of over 250 key stakeholders and almost 800 adult community residents in affected communities. The data analysed points to a very strong consensus that each community's Local Government Council should take a lead role in managing alcohol use and related problems.

The Queensland Government is currently reviewing the AMPs, with the intention of translating the Centre's extensive research into policy.

**For more information please visit:**

**<http://www.unisa.edu.au/research/sansom-institute-for-health-research/research-at-the-sansom/research-concentrations/public-health/cre/>**



# THE CENTRE OF RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE MICROSYSTEMS



Director: Professor Claire Jackson, Head, Discipline of General Practice, School of Medicine, University of Queensland

Headquarters: Discipline of General Practice, School of Medicine, University of Queensland

Funding Period: December 2010 - December 2014

Managed through three tiers of government, and funded privately and publically, Australia's primary health care system is as complex as it is disparate. To assist in transitioning this system from a series of unrelated sectors to an integrated whole body, the Centre of Research Excellence in Primary Health Care Microsystems was established in 2011 to address the key governance, performance, quality and sustainability issues identified within the national health reform agenda.

Since its establishment, the Centre has developed Australia's first online Primary Care Practice Improvement Tool (PC-PIT). Designed to work within the existing quality improvement cycles of primary health care microsystems, the PC-PIT uses a whole-of-practice approach to enhance quality, performance measurement, sustainability and integration within the primary

health care system. Following a successful pilot stage, the Phase 1 national trial and validation process for PC-PIT is set to be completed by the end of 2014. So far, the PC-PIT has provided opportunities for primary care practices to improve quality and build accreditation options and will be further embedded into existing quality improvement frameworks nationally from 2015.

In addition, the Centre has developed a governance framework for multi-organisational health service delivery, within a multidisciplinary setting. This will soon be implemented as a best practice governance framework to support integrated primary and secondary care.

The Centre also investigates the range of factors that influence patient safety and quality of care within general practice. With input from key partners and experts internationally, it has drafted a Patient Safety Collaborative Manual, and completed a study and report on the enablers and barriers for uptake, and the spread of collaborative health care.

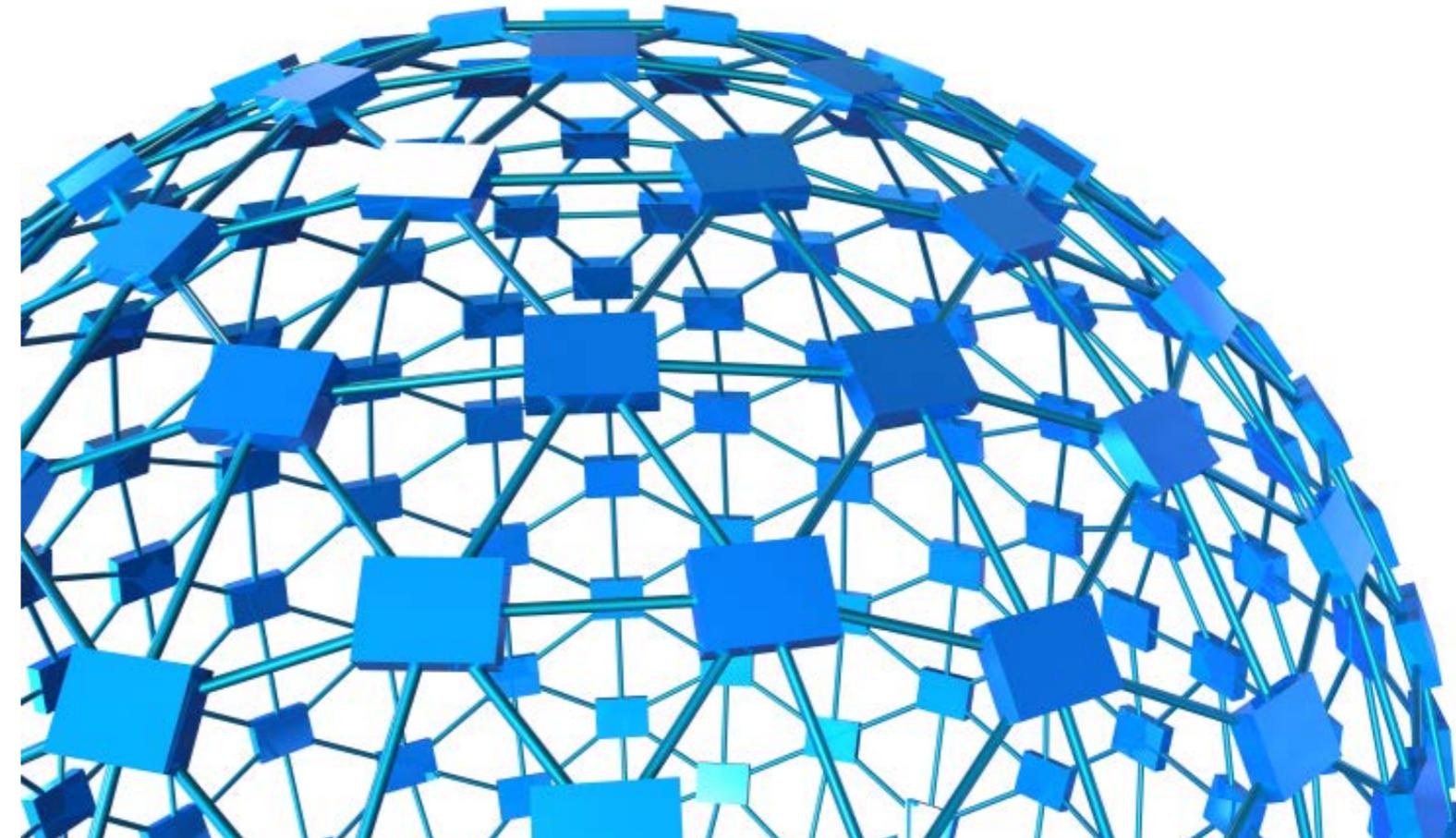
By identifying the characteristics of high-performing general practices, the Centre will inform ongoing system improvement that delivers timely access to health care for all Australians, as well as sufficient choice in providers, continuity of care,

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inter-sectoral coordination, and a high level of patient engagement. The Patient Safety Collaborative Manual, which has been endorsed in a foreword written by the Australian Government Chief Medical Officer, has now been handed over to the Improvement Foundation, which intends to establish the first patient safety collaborative in 2015.

**For more information visit:**

<http://www.aphcricremicrosystems.org.au/>



BUILDING QUALITY, GOVERNANCE, PERFORMANCE & SUSTAINABILITY

# THE CENTRE OF RESEARCH EXCELLENCE IN PRIMARY ORAL HEALTH CARE



**Director:** Associate Professor David Brennan, Deputy Director, Australian Research Centre for Population Oral Health, University of Adelaide

**Headquarters:** Australian Research Centre for Population Oral Health, University of Adelaide

**Funding Period:** July 2012 - July 2016

A recent study into Australia's oral health showed that three out of ten adults had untreated tooth decay. Australia's suboptimal oral health is predominately due to the isolation of oral health from mainstream health services, and the lack of linkages to community care services for those who are ageing, disabled or living in remote and rural areas.

Established in 2012, the Centre of Research Excellence in Primary Oral Health Care works to bridge the oral health gap by forging links between dental health and primary health care services. It works to achieve this by focusing on four key research areas, including: successful ageing and oral health; rural oral health; indigenous oral health; and the oral health of those with physical and intellectual disability.

Successful ongoing projects include a community based trial evaluating GP referrals for priority dental care for elderly consumers, and a project that aims to incorporate dental professionals into aged care facilities. The Centre's rural oral health researchers are currently investigating the attitudes towards living and working in rural areas, among Australian dental practitioners. In addition, researchers are looking into the positive impact of inter-professional collaborations on the oral health of consumers in rural areas.

The Centre's Indigenous oral health researchers are currently exploring why Aboriginal adults do not take up oral health referrals. They have completed a study exploring perceptions and beliefs regarding oral health among Aboriginal adults in Perth and key rural centres in Western Australia. This study demonstrated that education and access to reliable, culturally appropriate care were enablers to good oral health, while limited access to services, poor nutrition and lack of government support were barriers.

A community-based trial training carers of people with physical and intellectual disabilities has also been undertaken by the Centre. The aim of this trial was to develop a model of intervention that would enable carers to provide adequate daily oral care for their care recipients at their residence. Eighty people were recruited per group and follow-up data collection is now complete. A presentation has been made using baseline data from this project, and a manuscript is currently being drafted.

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Through the mapping and analysis of key state and national policy documents, governing oral health, the Centre's research is also currently being used to seed a program of grant applications, research collaborations and mentoring opportunities in oral health policy research.

**For more information visit:**

<http://www.adelaide.edu.au/arcpoh/about/hsru/cre-primary-oral-health-care/>



# THE CENTRE OF RESEARCH EXCELLENCE IN THE FINANCE AND ECONOMICS OF PRIMARY HEALTH CARE (REFINE-PHC)



**Director: Professor Jane Hall, Director, Centre for Health Economics Research and Evaluation, University of Technology Sydney**

**Headquarters: Centre for Health Economics Research and Evaluation, University of Technology Sydney**

**Funding Period: July 2012 - July 2016**

Countries around the world are exploring how to develop their health systems to meet the challenges of ageing populations with increasing rates of chronic disease, while delivering services that are financially sustainable. Established in 2012, the Centre of Research Excellence in the Finance and Economics of Primary Health Care uses cutting-edge economic and econometric techniques to answer key questions about how primary health care is financed in Australia, and how this could be improved.

To better understand how Australians pay for primary health care, the Centre has explored the use of blended payment systems. It has also looked at the impact of financial incentives to target new services and overcome mal-distribution of providers. So far, the Centre has found that the uptake of new financial incentives such as service incentive payments (SIPs) is extremely variable. It also found that there is a high turnover

among doctors who participate, while overall participation rates are falling. The Centre also found that rural doctors and those in bigger practices, with more administrative staff, are most likely to claim incentive payments. In addition, findings have shown that incentives are complex and expensive, with the cost often outweighing the impact.

The Centre also investigates consumer behaviours, such as how and when consumers decide to use primary health care, and which provider they use. Researchers recently conducted a survey of approximately 2,500 consumers, asking for patients' experiences of selecting a GP. Results from this survey showed that patients were generally satisfied with their provider, and that most continued to see the same doctor. The study also showed that those who sought bulk-billing practices were more likely to visit multiple providers, while around one third of those surveyed reported putting off a needed visit; this was much more likely to be due to time pressures, however, than cost.

The Centre's research on predicting future costs has addressed the drivers of expenditure growth, and how different patterns of disease and treatment affect this. A recent study showed that increased risk of hospitalisation, and longer stays once admitted, is associated with living alone. This is likely to increase the pressure on hospitals, as the proportion of single person households is expected to increase in mid-older age groups.



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Through engagement with the Department of Health, Medicare Locals (in future, Primary Health Networks) and other stakeholder groups, the Centre has already had a significant impact on policy and practice, and aims to continue to influence the development of new financing policies into the future.

**For more information visit:**

**<http://refinephc.org.au/about-us/>**



# THE CENTRE OF RESEARCH EXCELLENCE IN URBAN ABORIGINAL CHILD HEALTH



**Director: Professor Emily Banks, Head, Chronic Disease Epidemiology Group, National Centre for Epidemiology and Population Health, Australian National University**

**Headquarters: National Centre for Epidemiology and Population Health, Australian National University**

**Funding Period: January 2012 - January 2016**

Despite the fact that 60% of the health gap between Aboriginal and non-Aboriginal Australians has been attributed to those living in cities, little is known about the health needs and health trajectories among urban Aboriginal children. Established in 2012, the Centre of Research Excellence in Urban Aboriginal Child Health is using research evidence to develop and test strategies to support sustainable and transferable improvements in Aboriginal primary health care.

The Centre uses data collected through the Study of Environment on Aboriginal Resilience and Child Health (SEARCH) from participating Aboriginal Community Controlled Health Services (ACCHSs) to determine the quality of health care administered to Aboriginal children in urban areas. With a focus on ear health, speech development, emotional health, chronic disease, and environmental health, the Centre is working to develop strategies to improve services in these areas.

Projects aimed at improving primary health services for Aboriginal children, building research capacity in the ACCHSs, and supported by evidence from SEARCH, include: The Hearing, Ear health & Language Services (HEALS) project, the Data enhancement project, and the Housing for Health program.

Since 2013, the HEALS project has delivered ear, nose and throat and speech therapy services to over 600 Aboriginal children across five ACCHSs in NSW, through an enhanced funding scheme facilitated by the NSW Ministry of Health. The HEALS intervention has helped to circumvent traditional barriers to health service delivery for Aboriginal children through an effective collaboration between Aboriginal communities, researchers and multiple health agencies. With an economic evaluation now underway for a potential scaling up of this program to a state level, this has significant implications for future Aboriginal health policy and practice.

A key aim of the Centre is to use SEARCH data to drive change. The Centre's data enhancement project is developing simple tools such as data cubes to provide easy and sustainable access to data via a secure online system. This provision of data is also being accompanied by a range of research capacity building activities to support the use of research in primary health service provision.

The Housing for Health program aims to pilot an intervention program to improve living conditions in a sub-set of households in Western Sydney and assess its impact.

Other areas of focus include contributions to improving Aboriginal child health checks and mental health services. All

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activities carried out by the Centre are developed to have maximum impact on state and national health policy.

**For more information please visit:**

**<https://www.saxinstitute.org.au/our-work/search/centre-for-research-excellence-in-urban-aboriginal-child-health-2/>**



# IMPACT CENTRE OF RESEARCH EXCELLENCE: INNOVATIVE MODELS PROMOTING ACCESS-TO-CARE TRANSFORMATION



**Director: Professor Grant Russell, Director Southern Academic Primary Care Research Unit, School of Primary Health Care, Monash University**

**Headquarters: School of Primary Health Care, Monash University**

**Funding Period: July 2013 - July 2018**

Canada and Australia are two of many countries trying to improve their systems for delivering primary health care (PHC). Experts in both countries have devoted much time and effort into schemes to improve the quality of care delivered by PHC providers. However, many consumers are still unable to access quality care.

Access to quality PHC is less than ideal for citizens of both countries - especially for the sick, the poor, or those who are otherwise disadvantaged. Poor PHC access leads to overloaded emergency departments, avoidable hospitalisations and, in the long run, to increased costs and poor health outcomes.

## IMPACT

**Innovative Models Promoting  
Access-to-Care Transformation**

Established in 2013, the Innovative Models Promoting Access-to-Care Transformation (IMPACT) Centre of Research Excellence is a five year international research program, jointly supported by the Australian Primary Health Care Research Institute, the Canadian Institutes of Health Research and the Fonds de recherche du Québec – Santé.

IMPACT aims to work with consumers, policy makers and providers in six communities (three in Australia and three in Canada) to identify, refine and then trial 'world's best practice' innovations to improve access to primary health care, particularly for vulnerable populations. IMPACT is built upon a participatory approach, which includes all research users, including: policy makers, clinicians and other community members as part of the project team.

In addition to building capacity within primary health care research, IMPACT provides an infrastructure to develop further opportunities for research that can optimise health for vulnerable populations.

Since the publication of IMPACT program's model of access, in the International Journal for Equity in Health in 2013, there has been increasing international interest in the program. Less than 12 months after the launch of the program Local Innovation Partnerships have been established at all six sites.

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The team has also completed a systematic review of relevant access innovations, and is in the final phases of an international, social media scan of new access initiatives.

**For more information please visit:**

**<http://www.med.monash.edu.au/sphc/impact/>**



# THE CENTRE OF RESEARCH EXCELLENCE IN RURAL AND REMOTE PRIMARY HEALTH CARE



**Director: Professor John Wakerman, Associate Dean, Flinders NT, Darwin**

**Headquarters: School of Rural Health, Monash University**

**Funding Period: December 2010 - December 2014**

About one-third of Australia's population lives in rural and remote areas. However, due to inequitable access to health services, rural and remote communities don't enjoy the same quality of health care as those living in urban areas.

A major contributor to this imbalance is the failure to translate research evidence and successful rural health models into policy. To overcome this problem the Centre of Research Excellence in Rural and Remote Primary Health Care was established in 2011 to evaluate and benchmark key aspects of sustainable primary health care services in rural and remote contexts throughout Australia. It aims to improve access to quality primary health care services, improve health outcomes

and guide resource allocation for people living in rural and remote regions of Australia.

Since its establishment the Centre has pioneered an Index of Access to primary health care services. It has also developed a comprehensive framework for evaluating these services, which have been adapted to, and tested in, remote areas of Australia. The Centre has also defined and published the basket of core primary health care services that all Australians should be able to access, regardless of their location.

The Centre's most recent work includes the determination of funding benchmarks for rural and remote health services and how funding for chronic disease management in remote communities could be optimised. A recent paper from the Centre shows that the more primary health care visits a patient makes, the less likely they are to be admitted to hospital for their chronic disease, as well as living longer. This research indicates that investment in primary health care has the potential to prevent hospitalisation and save money.

Making an impact on policy and practice, the Centre's research was referenced extensively in the Senate Enquiry into the "factors affecting the supply of health services and medical professionals in rural areas".

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This work continues to influence high-level decision-making relating to resource allocation in rural and remote areas.

In addition to policy, the Centre's research into the Index of Access has influenced national discussion about geographic areas classification in rural and remote health. There has also been strong interest in the Centre's research into the cost of services and chronic disease secondary prevention from the Australian Government Department of Health.

The Centre's evaluation framework provides health services and policy-makers with a robust tool for monitoring and evaluating the performance and sustainability of primary health care services in rural and remote regions, thereby improving equity and access to primary health care for all Australians.

**For more information please visit:**

**<https://www.crerrphc.org.au/>**

