

Foreword

This supplement is a collection of three reports, each one describing the results of a study that was undertaken in either late 2004 or early 2005. These studies were carried out to increase our understanding of how the population health workforce in New South Wales (NSW) uses various forms of communication technology and their future potential use.

The work was done in partnership with the NSW Telehealth Initiative. The NSW Telehealth Initiative was established in 1996 to improve access to health services for people in rural and remote communities in NSW. Since then it has sought to both expand existing services and encourage innovation in the application of the technology. Although there was an initial emphasis on the provision of clinical services, there is a growing appreciation of the potential contribution that Telehealth can make to education and training, mentoring and administrative functions.

The use of communication technology offers, in particular, a way to increase equity of access to learning opportunities. Workforces require support to both update and maintain their skills and knowledge, and to develop new skills when necessary. Access to training opportunities, however, varies between locations and is particularly difficult for isolated practitioners in rural and remote settings. Telehealth is one means through which we can provide this support and link geographically dispersed practitioners.

The results of the studies described here informed applications by population health structures at the NSW Department of Health and in the area health services for funding by the Telehealth Innovation Fund in 2005. Three projects applying videoconferencing to the provision of training to health professionals in areas of significant population health need were funded for 2006–2007. These projects were in the prevention of falls, training in smoking cessation and training in refugee health. The experience gained from implementing these projects has provided further valuable insights into the potential contribution that communication technology can make to support the delivery of population health functions in NSW.

I hope that these reports will encourage dialogue and debate on the use of communication technology in population health.

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