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CENTRAL AND NORTH WEST QUEENSLAND
Connecting health to meet local needs

17 March, 2014

Committee Secretariat
Joint Selection Committee on Northern Australia
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Dear Sir/Madam

We welcome this opportunity to provide input into the Inquiry into the Development of Northern Australia. Our submission focuses on a portion of the Terms of Reference, arguing that an essential component of the successful development of Northern Australia is the efficient investment of resources to address health workforce development challenges in Australia's remote northern regions.

We have kept the submission brief but factual and are available to answer any questions in regard to our organisation and programs.

I look forward to your response to our submission. For further information on our organisation, please refer to our website www.cnwqml.com.au

Yours Sincerely

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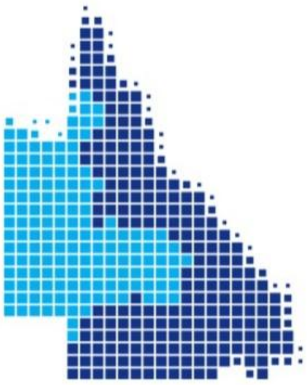

Poor Population Health as a Fundamental Impediment to the Development of Central and North West Queensland -- address workforce issues

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17 March, 2014

Population health is a social capital to the economic development of Northern Australia. CNWQML is well positioned to provide this submission that argues for the need to efficiently invest resources to address health workforce development challenges in the remote regions as an essential component to the successful development of Northern Australia.

Central and North West Queensland Medicare Local (CNWQML) catchment comprises of 14 local government areas of Barcaldin, Barcoo, Balckall-Tambo, Boulia, Burke, Carpentaria, Cloncurry, Diamantina, Dommadgee, Longreach, McKinlay, Mornington, Mount Isa City and Winton Shire. This catchment aligns with the Central West and North West (Mount Isa) Hospital and Health Services districts. The entire Medicare Local catchment sits in either remote or very remote Australia.

According to a recent National Health Performance Authority report, the population in this catchment has the lowest life-expectancy of all ML regions in Australia, at 76.1 years(1), 5.9 years less than the Australian population, while more than a quarter of the population live in the most disadvantaged quintile compared to the Australian population.(2)

The increase in health and social assistance workforce in the past decade is disproportional to the overall increase in Queensland and is evidently inadequate to meet the demands of the population health needs in this catchment.

Geographic and Demographic Characteristics Increases Demand for Health and Social Services ~ Trend of Disproportional Increase in Health and Social Assistance Workforce

The CNWQML catchment has a total area of 636521.6km^2 covering 36.7% of the total Queensland land mass. As at 30th of June, the estimated resident population for CNWQML region was 44873 persons and 18.9% identified as Aboriginal and Torre Strait Islander descent, ranging between 3.7% and 92% of the local government areas within this catchment.(2) According to the Index of Relative Socioeconomic Disadvantage, 25.8% of the total population in this catchment belongs in the most Socio-economically disadvantaged quintile.(2)

Characteristics of rural and remote regions, this catchment has a slower average annual population growth, negative net migration (-239 persons from 2010-2011) (3) and faster aging trend with striking changes in population median ages in some communities. [1] In addition, the proportion of 0-44 year old group experience negative growth particularly a 0.8% decrease in the 0-14 years and a 0.4% decrease in the 25-44 years age groups.(3) These changes are reflected in a 15.3% decrease in couples with children from 2001 to 2011, accompanied by an 8.3% increase in 'lone person' household compositions.(2) Figure 1 below depicts the trends in household compositions over time and the notable changes in demographic compositions of the CNWQML catchment.

[1] An average annual growth rate of 1.4% from 2007 to 2012 in total population has been accompanied by a 1.6 years increase in median age of the population over 2002-2012, compared to a 1.3 years increase in median age of Queensland population and a 2.1% average annual population growth over the same periods. This aging trend is particularly striking in six of the local government areas including Diamantina (8.6 years increase in median age), Winton (7.5 years), Carpentaria (7.5 years), Barcoo (7.1 years), Barcaldine (5.3 years) and Blackall Tambo (4.6 years).

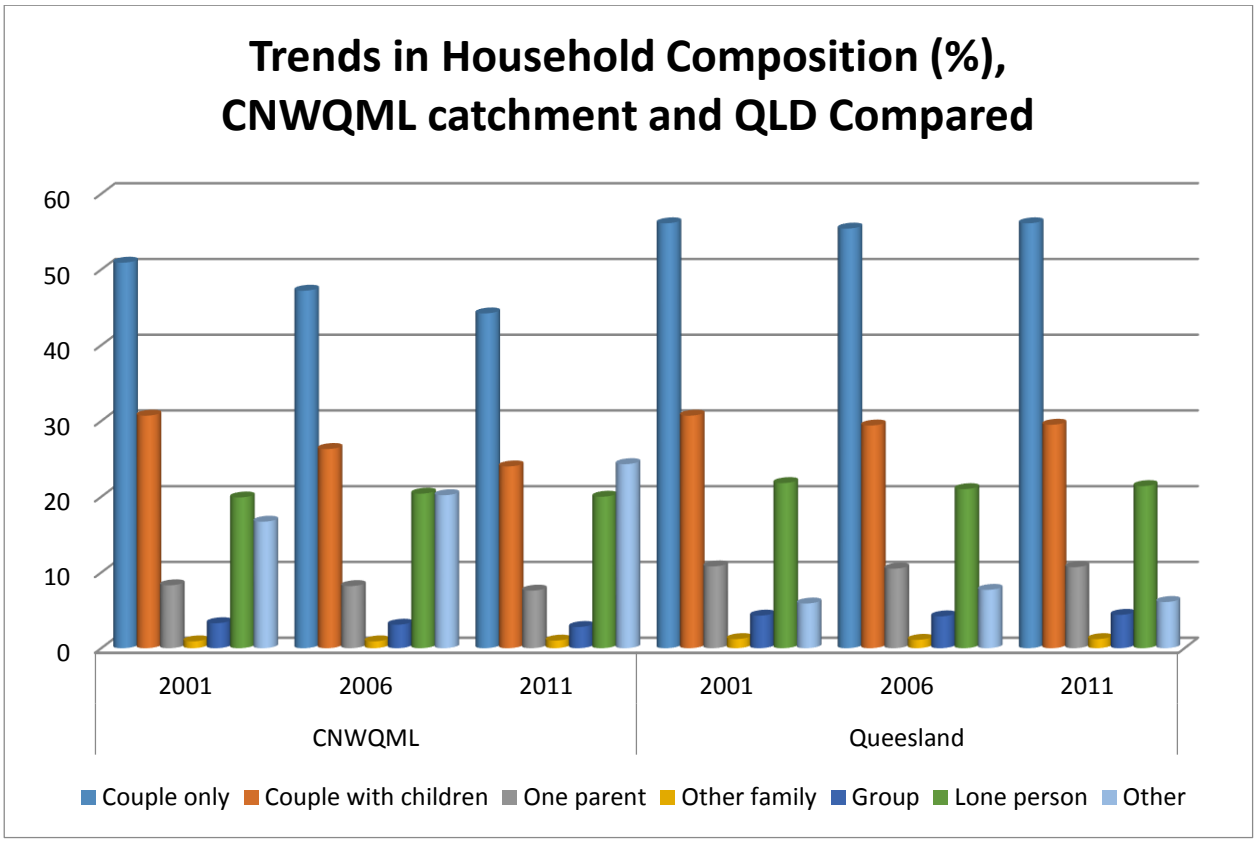
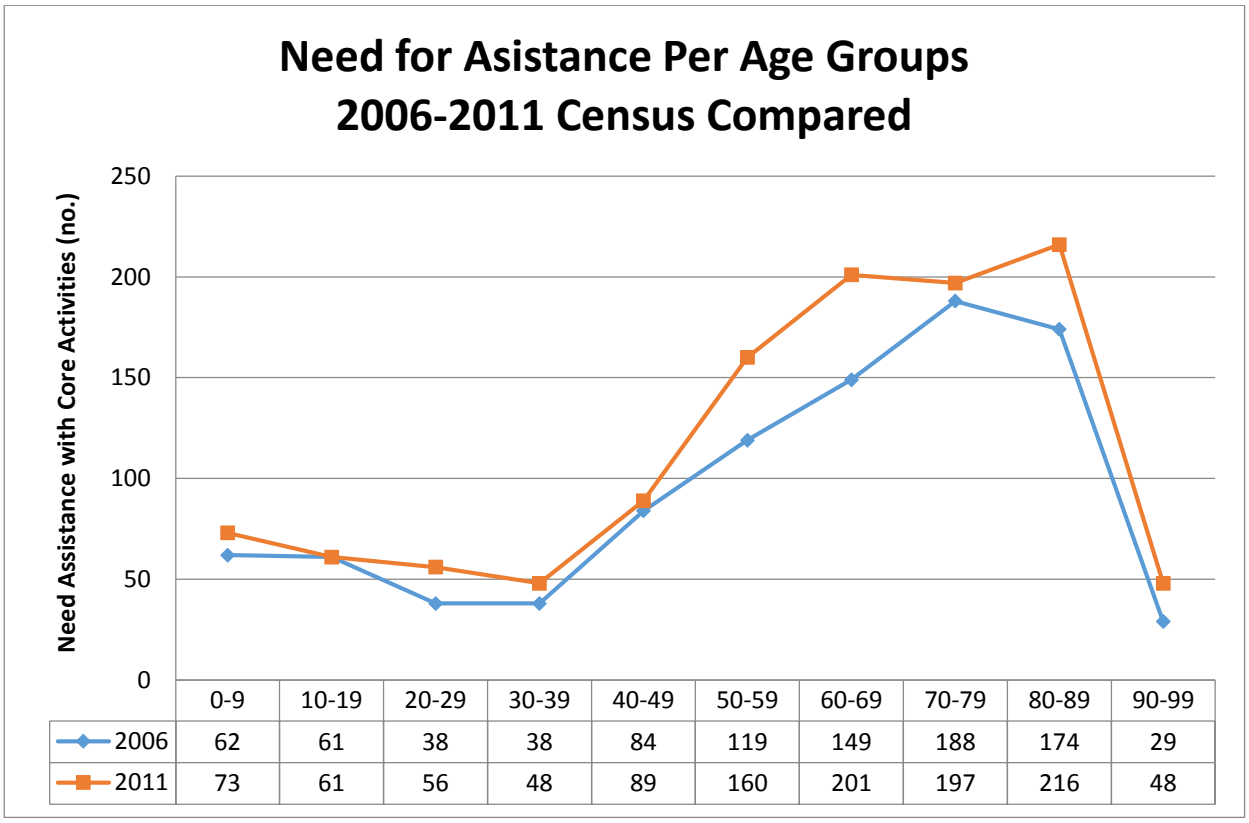


Figure 1 Trends in Household Composition (%), Central and North West Queensland Medicare Local Catchment and Queensland State Compared, 2011-2011. (Source: Australian Bureau of Statistics)

The profile of geographical isolation and relative socioeconomic disadvantage in this region is complicated by a faster aging population, placing demand on the healthcare and social services. This general trend extends to the population sub-group needing assistance with core activities of daily living.

Figure 2 compares the age composition of the sub-population needing assistance with core activities at census day in 2006 to 2011.



	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99
2006	62	61	38	38	84	119	149	188	174	29
2011	73	61	56	48	89	160	201	197	216	48

Figure 2 Need for Assistance per Age Groups in Central and North West Queensland, 2006-2011 Census Compared. (Source: Australian Bureau of Statistics)

The higher numbers of people needing assistance in 2011 compared to 2006 with activities of daily living across all age groups above 20-29 has a particularly large increase in the 50-59, 60-69 and 80-89 age groups.(2, 4) This trend is similar to the Queensland population and the overall rate of increase has been 21.97% in CNWQML compared to 24.11% in Queensland. The less than 3% rate difference in people needing assistance is not reflected in a 34.8% rate difference in health and social assistance workforce increase, where CNWQML catchment only experienced a 29.9% increase over the 10 years between 2001 and 2011 compared to a 64.7% increase in Queensland.(2)

There is clearly inadequate health workforce to address the geographical disadvantage and demographic changes faced by the remote Queensland population. Furthermore, in the health and community sector, there was only an 18% increase in health and social services professionals contrasting to the 55.4% increase in management and administration. This is worthy of further investigation.

The net result of the above is a projected population growth rate of 1% below the Queensland average, plus couples with children moving away from region and insufficient health professional capacity to manage the changes in health needs of the population related to the changes in population structure.

Gaps in Health Indicators Persists

A healthy population is fundamental to the development of regional mineral, energy, agricultural, tourism, defence and other industries. However, the Central and North West Queensland has among the poorest population health outcomes in all ML regions with highest proportion of population engaged in behavior risk factors.

According to the 2009 Burden of Disease report, the Central West and North West (Mount Isa) Health Services Districts were among the top five DALY rates per 1000 population in Queensland. DALY rate for

Central West is 21% higher and North West 43.3% higher than state average.(5) Figure 3 below compares causes of disease burden in the Central West, North West to Queensland state rates.

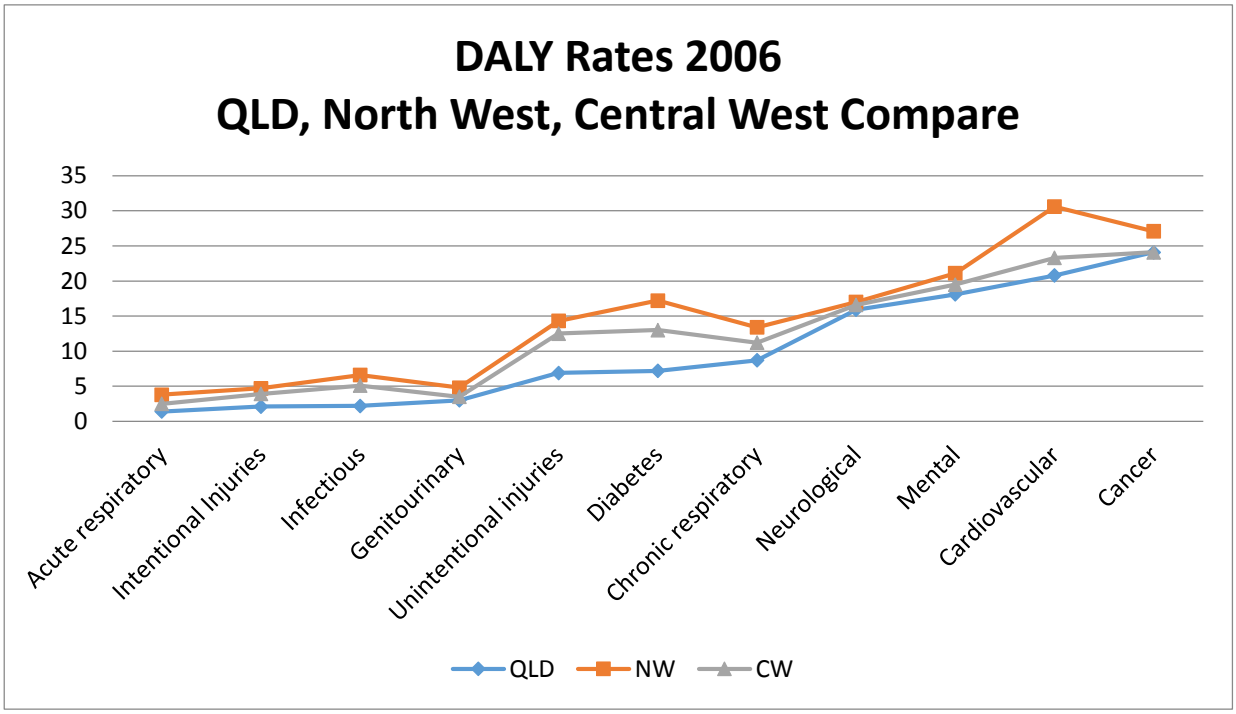


Figure 3: 2006 Disability Adjusted Life Years Rates – Queensland, North West Queensland and Central West Queensland Compared.

The catchment also has the highest number of avoidable hospitalization per 100,000 people among all ML regions(1) accompanied by comparatively high levels of population who are obsess, daily smokers and have risky alcohol behavior sometime in their life.(6)

These observations are reflective of the lack of workforce capacity to engage in population health planning, preventive health and health promotion interventions.

Trends in General Practitioner Workforce and Allied Health Services in the CNWQML Catchment

Despite the population health challenges outlined above, the CNWQML catchment is experiencing a decreased number of total services provided by General Practitioners during the period between 2009 and 2011 (from 162,300 services in 2009-10 to 155,415 services in 2011-12). (7) The marked decrease in non-vocationally registered GPs in the recent years has placed great pressure on VRGPs and GP registrars.(7)

On the other hand, majority of Allied Health Services have shown an increase in number of services under the MBS group M3, particularly podiatry, diabetes education and dietetics services, physiotherapy, exercise physiology / occupational therapy/ chiropractice and osteopathy services, and focused psychological strategies services by Allied Health providers.(8)

Psychological therapy services have however decreased over the four year period from 2009 to 2013.(8) This is a clear mismatch considering mental health conditions has consistently been among the top three causes of disease burden across the ML catchment.(5)

The CNWQML Experience

CNWQML have expanded its Allied Health workforce under the Rural Primary Health Services scheme to meet the demands of the population since 2009-10 financial period. Close to 40 Allied Health clinicians are the main Allied Health service providers to the communities across the region, contributed to a total of

20,098 occasions of service and non-client contact services in the 2011-2012 financial year. There are four key challenges experienced by the team of dedicated clinicians:

1. ***Increase in workforce does not meet the increase in demand for service.*** For instance, the CNWQML clinicians in the Central West area place have an average wait list of over a month. This impact on service access for remote communities where the current level of workforce only allows 3 monthly visits and does not allow flexibility for 'drop-in on-demand' service arrangements which is particularly important to capture the most needed sub-groups with limited capacity to self-refer.
2. ***A lone practitioner in a cohesive and professional team phenomenon.*** When a clinician is the only practitioner in the discipline for the region, he/she relies on external professional network to support and validation of treatment approaches. This directly impact on the lifespan of a clinician in the remote health workforce.
3. ***Clinicians are pre-occupied with treating illness and have limited time to implement preventive interventions.*** Health promotion and preventive interventions has increasingly been requested by members of the communities the clinicians serve. When the time available for treatment cannot keep up with the demand for services, a vicious cycle results where clinicians feel that their efforts do not meeting community expectations while not being able to allocate time to implement population based prevention measures according to the best primary health care practice. This can frustrate clinicians irrespective of their levels of competencies and experience.
4. ***Distance required to travel restricts timeframe allowed for service delivery.*** This is especially the case for more senior clinicians who may have competing personal demands that further restrict their flexibility to travel for extended periods.
5. ***Environmental health issues in small remote communities*** serve as further impediments to health attainment.

Recommendations

The complexity of maintaining a viable health workforce to adequately deliver appropriate health services to the remote communities in the Central and North West Queensland should not be underestimated. It requires a population health approach to tackle the full spectrum of the health care continuum accompanied by workforce planning and supply that is sensitive to changes in population characteristics.

CNWQML recommends incorporating the social determinants of health considerations in future development plans of Northern Australia thereby minimising the impact of poor population health to the social and economic growth. Specific recommendations pertaining to Central and North West Queensland are listed below.

1. Invest in a healthy and vibrant health workforce with emphasis on professional development, clinical services mentorship and career development trajectory. The nature of remote health workforce would mean incentives for innovative service delivery and workforce training partnerships among health service providers.
2. Recognise the overhead costs (or implicit costs) involved in health service delivery to the remote communities and address the inequity by redistribute health funds accordingly.
3. Assess and determine the true demand for aged care and explore innovative models to encompass multi-level and multi-functions in community based service delivery. Ideally, by maintaining a healthy aging population that is independent, socially and economically functional, it is possible to minimize the impact of aging population on health services.

4. Build on the Health Promotion Capacity across sectors to drive and advocate the:
    a. Incorporation of existing evidence on active lifestyle into infrastructure planning, for example footpaths to encourage walking and cycling, outdoor exercise equipment, school playground designs etc.
    b. Investment in community capacity programs. Currently CNWQML-run capacity building programs, namely Support Local Health Action Plans program and the workforce development strategies in Mornington and Doomadgee Wellbeing Centres are good examples. More investment and cross sector commitment is required to expand these successful initiatives region wide.
5. Systematically address environmental health issues in remote communities creating an environment for people to live, learn, play and development in optimal health.

References

1. National Health Performance Authority. Healthy Communities: Avoidable deaths and life expectancies in 2009-2011. 2013.
2. Australian Bureau of Statistics. 2011 Census of Population and Housing.
3. Government Statistician Queensland Treasury and Trade. Queensland Regional Profiles: Resident Profile for CNWQML Region.
4. Australian Bureau of Statistics. 2006 Census of Population and Housing.
5. Begg S, Bright M, Harper C. Burden of disease and health-adjusted life expectancy in Health Service District of Queensland Health, 2006. Brisbane: Queensland Health, 2009.
6. Department of Health. Self reported health status 2011-2012. Health indicators: chronic disease and behavioural risk factors, Central and North West Queensland Medicare Local detailed results. Brisbane: Department of Health, Queensland Government,, 2013.
7. Australian Government. QLD - Central and North West Queensland - Medicare Local General Practice Workforce Statistics Canberra: Medicare Locals; 2013 [cited 2014 February 14]. Available from: http://www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf/Content/Central+and+North+West+Queensland-statsgp#.Uv1RefmSyA8.
8. Australian Government. QLD - Central and North West Queensland - MBS Allied Health Data Canberra: Medicare Local; 2013 [cited 2014 Feb 14]. Available from: http://www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf/Content/mbs-allied-health-Central+and+North+West+Queensland#.Uv1Ru_mSyA8.