

Rural Health in Tasmania

Lecture Guideline

Note: This lecture is not a definitive lecture. It is designed to act as a starting point and to trigger ideas that will allow a customised lecture to be developed. Content, resources and examples are based on the best available information at the time of writing and may benefit from augmentation.

Specifications

Audience:

Undergraduate health science students with little or no exposure to education around rural health

Time:

50 minutes

Companion activities:

Rural Health in Australia - lecture
Rural Health in Australia – true and false activity

Purpose

The purpose of this lecture is to introduce students to rural health in Tasmania by exploring the state-specific context and the actual and perceived health and well being of Tasmanians.

Objectives

Following this lecture students will be able to:

- Identify features that are Tasmania-specific and that impact on rural health
- Describe the profile of Tasmanians in terms of perceived and actual health and wellbeing
- Relate Tasmanian specific features and the health profile of Tasmanians to the state of rural health
- Discuss the role of health services in meeting the needs of rural Tasmanians
- Discuss the broad role of health care professionals in meeting the needs of rural Tasmanians

Introduction

Tasmania experiences the same issues of rural health as the rest of Australia but the experience is made unique by factors that are specific to Tasmania.

These factors can be organised into geographical, historical, socio-cultural (including professional and educational) and economic categories.

Health care professionals who provide or plan services for rural Tasmanians must have an appreciation of rural Tasmania and how it relates to the broader Tasmanian and national contexts.

About Tasmania

The island of Tasmania is Australia's smallest state. Renowned for its beautiful wilderness areas, historical sites, its clean air and water, Tasmania is a popular tourist destination. Hobart, the state's capital city, has grown from origins as a shipbuilding centre to becoming the state's business and administrative capital. It is the only part of Tasmania that is considered to be metropolitan under the Rural, Remote, Metropolitan Areas (RRMA) classification system, all other areas considered to be rural or remote (AIHW 2002). It houses both chambers of the state parliament, the fifteen-member Legislative Council and the twenty-five member House of Assembly. (CDoFAT 2002). Launceston, Devonport and Burnie are the three major regional centres of Tasmania and most of the remaining population reside in and around them. Known as the 'Apple Isle' Tasmania's apple industry, although declining a little, still makes a significant contribution to the island's economy. Just under one third of the state is utilised for agriculture with beef, sheep and cropping as the main activities undertaken (CDoFAT 2002). More recently poppies grown for the pharmaceutical industry have also become a major agricultural focus in the state. Timber, mining and fishing also contribute to Tasmania's economy. The island produces wood products, specialty foods and textiles. Over the last few years there has been substantial growth in the wine industry and the development of wine routes has contributed strongly to the state's tourist appeal.

The total population of Tasmania is small (473,300) and, if current trends continue, it will reduce even further, for while the state attracts people from mainland Australia as visitors, it loses its own residents to permanent interstate migration (ABS 2002). Issues such as high unemployment (8.5%) encourage Tasmanians to leave and seek work on the mainland. Although the state has a university, maritime college and TAFE many people seeking higher education move to mainland universities. This has contributed to Tasmania having the lowest percentage of 15-65 year olds in Australia. It is, however, a popular place to retire to and has the second highest percentage of over 65 year olds in the country (South Australia has the highest percentage). It also recorded the only increase in aboriginal population in Australia

during the 1986-1996 period (TGPD 2001). One of the consequences of supporting such a dispersed and ageing population is that heavy demands are placed upon the state's health services.

Summary points of interest

Tasmania has a small and highly decentralized population and a disproportionate number of us are >65s.

Tasmania attracts a lot of tourists (700,000 and rising annually) and these tend to be in the 40-65 year old age group – the age group that has undiagnosed health problems.

Tasmania has a low percentage of indigenous people and has little diversity in the population. For example the once thriving Hmong community has only a few families left and they are readying themselves to leave.

Tasmania's health care system

The health care system in Tasmania is both public and private. Like the rest of Australia's states, Tasmania has a comprehensive range of health services to cover areas such as acute care, mental and community health and aged care. As with the other states a major focus in the health system is the provision of infrastructure to support the acute care needs of the population. An indication of the state's capacity to do this is given in table 1. The state Department of Health and Human Services (DHHS) is responsible for the public health care sector in Tasmania and is one of the state's biggest employers (DHHS 2002). The major public hospitals are the Royal Hobart Hospital (Tasmania's only tertiary referral hospital), the Launceston General Hospital and the North West Regional Hospital. Each has an operating department and is capable of undertaking a broad range of surgical procedures. Private hospitals with operating departments include Hobart Private, Calvary, St Helens, St Vincents, St Lukes and Latrobe Hospitals.

Table 1: Tasmania's acute care capacity (DHHS 2001b)

Region and Hospitals	Private/Public	Number of Acute Beds
<i>South</i>		
Royal Hobart Hospital	Public	468
Calvary	Private	269
St Helens	Private	100
Hobart Private	Private	142
<i>North</i>		
Launceston General	Public	296
St Vincents	Private	108
St Lukes	Private	120
<i>North West</i>		
North West Regional	Public	131
North West Private	Private	56
Latrobe	Private	90
<i>Sundry rural/remote state-wide</i>		164
Total		1944

Rural health is largely managed by the Department of Health and Human Services. Under the DHHS umbrella, the CPR Division (Community, Population and Rural Health) is managed at a policy level from here. Within this the department of Aged, Rural and Community Health has the oversight of the day-to-day running of many rural health services and staff.

See: <http://www.dhhs.tas.gov.au>

The Divisions of General Practice provide the opportunity for GPs to be involved in policy direction, impact positively on health, engage in ongoing education, to facilitate communication between GPs and other professions and service providers.

See: <http://www.health.gov.au/hsdd/gp/divisions/tasdivs.htm>

Examples: <http://www.southtasgdp.com.au/>
<http://www.nwtasgdp.com.au/home.php>

There are also privately owned residential aged care centres providing care in our rural areas.

In rural areas there are small hospitals with limited acute beds and aged care beds. Also Multi-Purpose Services (MPS) have set up which draw together all the health services in a town or area and have a single administrative structure.

See: <http://www.dhhs.tas.gov.au/ruralhealth/mps.html>

All health professions are represented in the Tasmanian health workforce although there are serious shortages for many, particularly in the rural areas. This is compounded by the lack of educational opportunities in Tasmania for people wishing to prepare for a career in a health discipline that is not medicine, nursing, pharmacy or social work. Because of this Tasmania finds it difficult to attract health care professionals from interstate.

About Tasmanians

Resources that are useful (and have been used) in developing this section include:

ABC Australian Health Map: Tasmania

<http://www.abc.net.au/health/healthmap/tas/default.htm>

Australian Bureau of Statistics - Tasmanian Profile

<http://www.abs.gov.au/Ausstats/abs%40.nsf/94713ad445ff1425ca25682000192af2/a71727ab54eb0db1ca256c320024180f!OpenDocument>

Summary points of interest:

Tasmanians:

- Smoke more but drink less than the mainlanders
- Exercise more than the mainlanders do but weigh more as well
- Life expectancy is a little lower than mainland Australia's although the females still outlive their male counterparts.
- Think of themselves as healthy with 4 out of 5 Tasmanians rating their health as good or better than average
- Consult doctors and dentists less often than mainlanders do and are relatively heavy consumers of over-the-counter medications and vitamin and mineral supplements
- Are positive about alternative medicine but most consider a GP to be essential to the health of their town
- Have the highest prevalence of Multiple Sclerosis in Australia (75 per 100,000) and about 9% of them have diabetes. Fifteen per cent of Tasmanians think that we might have a mental health problem. Tasmanians' mental health problems have a trend towards anxiety related disorders.
- Have the standard health risk factors of the rest of mainland Australia – smoking, obesity, lack of exercise and sun exposure. Three times the number of men than women report work related injuries.
- Have an infant mortality rate of about 5.8 per 1000 births and overall 8 out of 1000 people will die this year.
- Are really good immunizers. Over 90% of Tasmanian children have full immunization for their age, but surprisingly only 60% of Tasmanians actually think that immunization really works well. Fortunately for our GPs, nine out of ten people think that immunization is a very important part of the GPs job. This is good for the nurses because in many instances these days, the practice nurses are doing the immunizations. Recent new legislation and educational programs have been developed to support this.

What does this all mean for rural health?

The Tasmanian population looks similar to other rural populations because it is largely rural. Therefore morbidity and mortality rates reflect a rural rather than urban population.

Decentralization means that health care takes place in a large number of rural settings and that the available health resources are spread thinly.

The desire for a full range of health services in every town places enormous burdens on the health care service providers, so that the budget, and inability to provide full services to all towns, mean that the population must travel to get to health services.

Tasmania's geography means that even relatively short distances on a map are long drives in reality and the problems of not appreciating this are significant.

Example

There are reported instances where a person from Queenstown must make the 3 hour journey to Hobart for specialist test at 10am only to find that the test has been cancelled and the hospital has been ringing them since 9am to let them know.

In addition, the geographical isolation of Tasmania poses further challenges to health care planning and provision. Tasmania can be considered doubly isolated.

- Isolation 1 is the type of isolation that all rural places feel away from the decision hubs.
- Isolation 2 is the Bass Strait that inhibits such things as free flow of health professionals from the mainland (but is seen as the escape route for many of our own new graduates).

Examples of the potential risks of isolation

- The risk of being treated as an annex of a mainland state in policy decisions
- The risk of being listened to less than our mainland counterparts even though we may be ahead in some areas
- The risk of remaining isolated in terms of ideas and forgetting to look at the big picture

Ways of Responding

The National Healthy Horizons framework provides direction for developing strategies and allocating resources to improve the health and wellbeing of people in rural, regional and remote Australia. Tasmania reports against the goals set through this initiative. There are seven interdependent goals to focus national activity and planning on high priority issues for the health of rural, regional and remote Australians:

- Improve highest priorities first
- Improve the health of Aboriginal and Torres Strait Islander people living in rural regional and remote Australia
- Undertake research and provide better information to rural, regional and remote Australians
- Develop flexible and coordinated services
- Maintain a skilled and responsive health workforce
- Develop needs-based flexible funding arrangements for rural, regional and remote Australians
- Achieve recognition of rural, regional and remote health as an important component of the Australian health system

See: <http://www.health.gov.au/ruralhealth/policy/healthyhorizons.htm>

Tasmania's regions are reviewed periodically to make sure that they have suitable health services within the budget. Review incorporates many stakeholders including national, state and local governments, health care professionals and community members.

An example of a review is the recently completed West Coast Clinical Services Review, which can be found at <http://www.dhhs.tas.gov.au/ruralhealth/> in the fast facts section.

New models of health service delivery are being incorporated into rural health including interprofessional and multiprofessional teamwork. Roles of health professionals are reviewed and revised. The Nurse Practitioner role is an example of this and it is currently being scoped for Tasmania.

In response to workforce shortages, rural clinicians are actively encouraging Health Science students to gain learning experiences in their practice areas. Rural clinicians have participated in high school recruitment, university teaching and support for new graduates. They are committed to their community in a manner that is quite different to the clinicians in the metropolitan setting.

Rural clinicians understand the social, political and historical contexts of their communities and recognise how important that understanding is to their ability to care for these people. The Schools of Medicine, Nursing and Pharmacy at the University of Tasmania are also beginning to recognise the importance of this in their latest accreditations. It is no longer sufficient for the staff and students of these schools to concentrate on anatomy, physiology and patho-physiological processes in acute care contexts. A more holistic view of health is being pursued and rural health is part of this.

Conclusion

This lecture has assisted students to identify, describe and then relate Tasmanian specific features and the health profile of Tasmanians to the state of rural health. It has provided an overview into the way in which rural health services are delivered and has provided a starting point for discussion of the role of health care professionals in meeting the needs of rural Tasmanians.