24 Feb 2012

RURAL HEALTH

Statement from Aboriginal Medical Services Alliance Northern Territory [AMSANT] to Senate Community Affairs Committee:
The factors affecting the supply of health services and medical professionals in rural areas

AMSANT is pleased to have been given this opportunity at short notice to directly address the Senate Community Affairs Committee hearing on rural health workforce supply, but we do so with an apology.

In the last six months we have developed submissions to 10 parliamentary and other inquiries and we find it difficult to keep up! I would like to make this short statement before taking questions. I would also like to take the opportunity to table a more detailed submission to the Committee—I am aware that it is very late in the piece, but ask for some indulgence due to the pressures on us.

No doubt the Committee has heard of the wide range of concerns throughout rural and remote Australia. As you will see by the diagram I have given you, the Northern Territory—uniquely—is entirely made up of outer regional, remote and very remote population centres—and this includes Darwin which has the population of a large-ish rural town. Thus the problems you will have encountered over rural health workforce issues in your other hearings in fact extend to the entire Northern Territory jurisdiction.

As you will also be aware, our unique geography and population characteristics add to the problems. With only one per cent of the population, we cover one sixth of the Australian continent.

Health outcomes in the Northern Territory are consistently poorer than the rest of the nation. This does not only apply to Aboriginal Territorians, but also to our non-Aboriginal population. Both, in varying degrees, have lower life expectancies than that of their fellow Australians. Both, in varying degrees, experience higher rates of morbidity and disability. While Aboriginal health is a clear priority, non-Aboriginal health also requires innovative, targeted and sustained attention.

Our submission raises a wide range of concerns we have, but I would like this afternoon to make particular mention of the crisis in the supply and retention of Aboriginal Health Workers.

I would like this Committee you imagine what the public response would be in the leafy suburbs of Canberra or Sydney or Melbourne if—over the last decade or so—the number of nurses or doctors working in the community dropped by 30 per cent.

Or if 76 per cent of the nurses and doctors working in the community were over the age of 40, and heading for retirement over the next couple of decades.

But that is precisely what our sector faces. We have lost 30 per cent of the Aboriginal Health Worker workforce over ten years, and over three quarters of those remaining are over the age of 40.

I would like to table summary data on this issue for the Committee to consider.

Our Aboriginal Health Workers are amongst the best qualified in the nation, with clinical skills that can for example, attract Medicare payments—this level of skill does not apply as yet interstate, where for example drivers can carry the title of Aboriginal Health Worker.

There is research evidence that demonstrates the critical importance of Aboriginal Health Workers in clinical care, yet for a variety of reasons governments have allowed the profession to languish and wither away.

We estimate that—just to maintain the current workforce and meet population growth, we need 30 Aboriginal Health Worker graduates a year and we arev lucky to meet a quarter or third of that number.

AMSANT has not been idly sitting on our backsides over this—and indeed through the current Year of the Aboriginal Health Worker, we have been encouraging renewed emphasis on the critical role of Aboriginal Health Workers, in particular in pushing for our eight point strategy for re-building the profession. This includes:

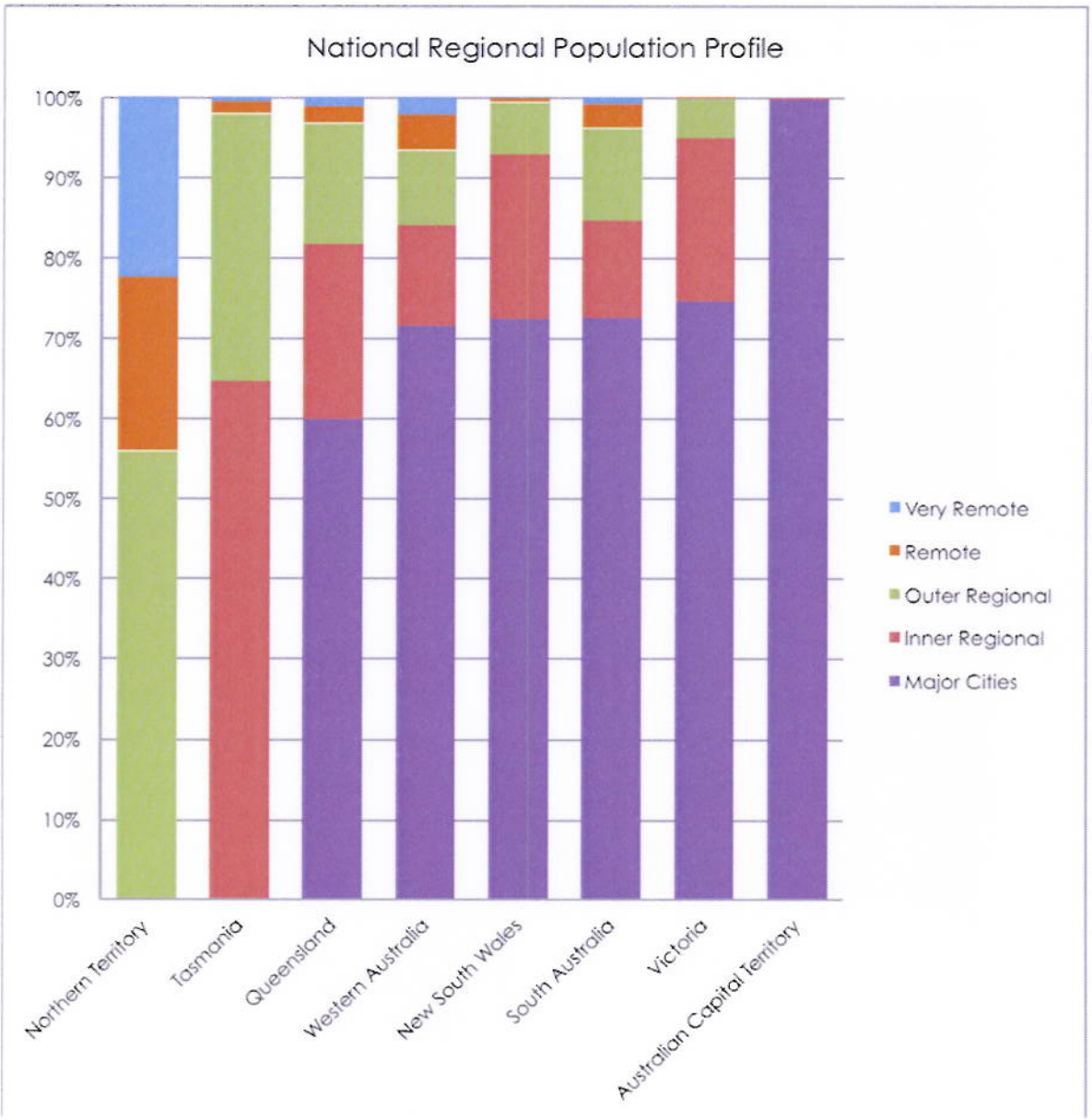
1. Regional coordination of AHW training
2. An apprenticeship program for AHW training
3. More training/support for AHW students from employers.
4. All PHC providers responsible for development of AHWs.
5. Effective literacy/numeracy programs
6. Flexible timeframes for AHW training
7. Coordinated marketing of AHW profession
8. Focus on VET in schools for AHW careers.

We would like to urge this committee to place the issue of urgent action over Aboriginal Health Workers in its recommendations to Government.

Thank you.

Population distribution by jurisdiction

State	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote
Northern Territory	0	0	56	21.6	22.4
Tasmania	0	64.7	33.2	1.5	0.5
Queensland	60	21.8	15	2	1.2
Western Australia	71.6	12.5	9.2	4.4	2.2
New South Wales	72.6	20.3	6.5	0.5	0.1
South Australia	72.7	12	11.5	2.9	0.9
Victoria	74.7	20.3	4.9	0.1	0
Australian Capital Territory	99.8	0.2	0	0	0



Information from the Australian Bureau of Statistics website, National Regional Profile, Census 2006. http://www.abs.gov.au/