Physiotherapy for Indigenous Australians in rural and remote areas

Kerren Clark
Relevant clinical services delivered by physiotherapists

• Common health problems in the Indigenous community for which there are physiotherapy interventions:
  – Arthritis
  – Diabetes
  – Heart and vascular disease
  – Kidney disease
Work settings

- Preventive care, though education and population health programs;
- Primary care for acute illnesses and for ongoing care of people with chronic illness;
- Tertiary (hospital inpatient) care for treatment of acute major illness and conditions suitable for physiotherapy rehabilitation.
Indigenous access to physiotherapy services

• APA Indigenous health committee had anecdotal information that Indigenous Australians were not accessing private physiotherapy
• APA funded a study of three regions to investigate the extent of the problem
• Investigations disclosed additional information
Scope of the study

- Selected regions with high Indigenous population but large enough to support private practices

<table>
<thead>
<tr>
<th>Region</th>
<th>No. Indigenous residents</th>
<th>Proportion Indigenous residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broome</td>
<td>2514</td>
<td>24%</td>
</tr>
<tr>
<td>Broken Hill</td>
<td>983</td>
<td>5.1%</td>
</tr>
<tr>
<td>Townsville</td>
<td>4369</td>
<td>5%</td>
</tr>
</tbody>
</table>
# Physiotherapists in selected regions

<table>
<thead>
<tr>
<th></th>
<th>Public Hosp</th>
<th>Private Hosp</th>
<th>Private Prac</th>
<th>ACCHS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broome</strong></td>
<td>3</td>
<td>NA</td>
<td>5</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td><strong>Broken Hill</strong></td>
<td>6</td>
<td>NA</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td><strong>Townsville</strong></td>
<td>19</td>
<td>Contracted</td>
<td>29</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>38</td>
<td>0</td>
<td>35</td>
<td>0</td>
<td>63</td>
</tr>
</tbody>
</table>
Outreach services

- No physiotherapy offered by ACCHS
- Offered by most other providers
- Private services rarely accessed by Indigenous people
- Services for remote communities experience recruitment problems
Indigenous status

- All public hospitals recorded status;
- Only one in 13 private practices kept a record; and
- One in five ACCHS recorded Indigenous status – 93%
## Service utilisation by Indigenous people

<table>
<thead>
<tr>
<th>Location</th>
<th>Proportion Population Indigenous (%)</th>
<th>Public attendance (%)</th>
<th>Private attendance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broom</td>
<td>24%</td>
<td>33</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Broken Hill</td>
<td>5.1%</td>
<td>5</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Townsville</td>
<td>5%</td>
<td>10</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>
## Complications in Indigenous patients

<table>
<thead>
<tr>
<th>ACCHS</th>
<th>Public hospitals</th>
<th>Private physiotherapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chest infections/pneumonia</td>
<td>• Cardiovascular disease</td>
<td>• Arthritis</td>
</tr>
<tr>
<td>• Infections from poorly managed diabetes</td>
<td>• Obesity</td>
<td>• Musculoskeletal problems</td>
</tr>
<tr>
<td>• Cardiovascular disease</td>
<td>• Pulmonary disease</td>
<td>• Obesity</td>
</tr>
<tr>
<td>• Asthma</td>
<td>• Amputations (due to poorly managed diabetes)</td>
<td>• Reduced mobility</td>
</tr>
<tr>
<td>• Injury</td>
<td>• Renal failure</td>
<td></td>
</tr>
<tr>
<td>• Arthritis</td>
<td>• Falls</td>
<td></td>
</tr>
</tbody>
</table>
Models of service

• Need relationship/linkages between public facilities and Indigenous services

• Otherwise
  • “we refer patients but have no way of knowing if they ever go”

• General satisfaction with public hospital running a clinic at the ACCHS
Waiting times

- Low at ACCHS but little or no physio
- Outpatients up to three months
- Inpatients variable but usually hours
- Private usually same day
## Barriers to accessing physiotherapy services

<table>
<thead>
<tr>
<th>ACCHS</th>
<th>Public hospitals</th>
<th>Private physiotherapists/hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cultural and spiritual barriers</td>
<td>- Long waiting lists</td>
<td>- Cost/lack of private health insurance</td>
</tr>
<tr>
<td>- Social reasons</td>
<td>- Lack of cultural appropriateness</td>
<td>- Poor GP referral</td>
</tr>
<tr>
<td>- Difficulties with transport</td>
<td>- Staff shortages</td>
<td>- Dislike of paperwork (by Indigenous clients)</td>
</tr>
<tr>
<td>- Lack of availability of physiotherapy services at local ACCHS</td>
<td>- Lack of resources</td>
<td>- Lack of awareness</td>
</tr>
<tr>
<td></td>
<td>- Lack of awareness</td>
<td>- Lack of transport</td>
</tr>
</tbody>
</table>
What services do organisations want to deliver?

- **ACCHS**
  - Asthma management and prevention
  - Heart disease management and prevention
- **Public hospitals**
  - Early intervention programs for children with disabilities
  - Falls prevention
  - Cardiac programs
  - Asthma/respiratory program
  - Baby handling and child development
- **Private physiotherapy/hospitals**
  - Injury prevention
  - Osteoporosis
  - Diabetes
  - Hypertension
  - Pelvic floor dysfunction
Results limited

• Catchment area for public patients larger than geographic area of regions
• Indigenous status not uniformly recorded

• Indigenous population underestimated?
Few surprises...

• Expected limited access to private services
• Workforce shortages: not even part of survey
• Thought it likely there would be limited access via ACCHS, a little surprised there was no access
What was unexpected

- Level of acute presentation for preventable disease
- Extent of barriers due to transport
- Lack of demand for physiotherapy relative to need
Summary

• Indigenous people are not obtaining treatment from private physiotherapy practices

• Overwhelmingly Indigenous people are accessing health care through ACCHS - most ACCHS do not provide physiotherapy services

• Indigenous people do not appear to be accessing primary care physiotherapy services at a rate commensurate with their burden of disease
Outcome?

• Report sent to all State and Commonwealth Ministers – no response beyond acknowledgement

• APA using report to argue for referral for private physio following GP Indigenous health checks

• Developing position on increased access to primary physio