

2 May 2018

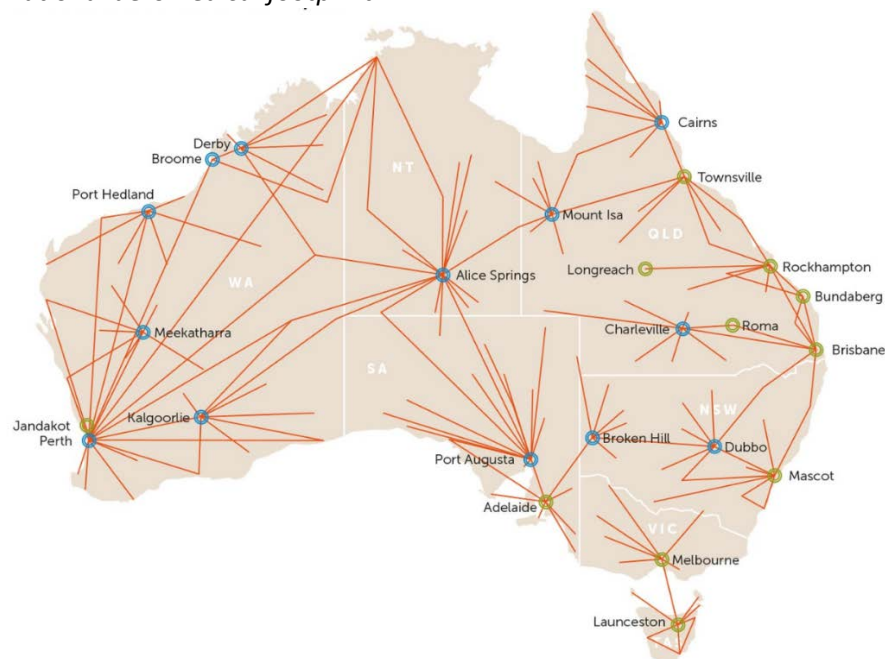
Submission to the Closing the Gap Refresh

The Royal Flying Doctor Service is pleased to contribute to the Closing the Gap Refresh. With around half of those the RFDS provides health care services to being Aboriginal and Torres Strait Islander peoples, primarily in remote and rural parts of Australia, the RFDS is strongly committed to improving the health outcomes and access to health services for all Aboriginal and Torres Strait Islander Australians. This submission outlines the services the RFDS provides; the findings of our research in regards to the services provided to Aboriginal and Torres Strait Islander Australians; and, discusses the need for cultural competency to be embedded in mainstream health organisations.

The RFDS is a vital part of remote and rural communities, providing critical health services to areas of great need, particularly in places where low population numbers make it unviable to support local health services such as hospitals, emergency departments, pharmacies and General Practitioners (GPs).

Our most well-known services include primary evacuations - flying to remote destinations to retrieve critically injured or unwell patients to transport them to emergency departments; and, inter-hospital transfers - transporting less critical patients across large distances to, or between hospitals, or back to their homes. The RFDS also provides regular fly-in fly-out GP and Nursing clinics in remote and rural areas and, of particular relevance to this review, a 24/7 telehealth service. With around one-third of face-to-face RFDS primary healthcare services, and more than one-quarter of RFDS aeromedical retrievals being provided to Aboriginal and Torres Strait Islander Australians, the RFDS provides a unique perspective to this consultation.

Figure 1. RFDS national aeromedical footprint

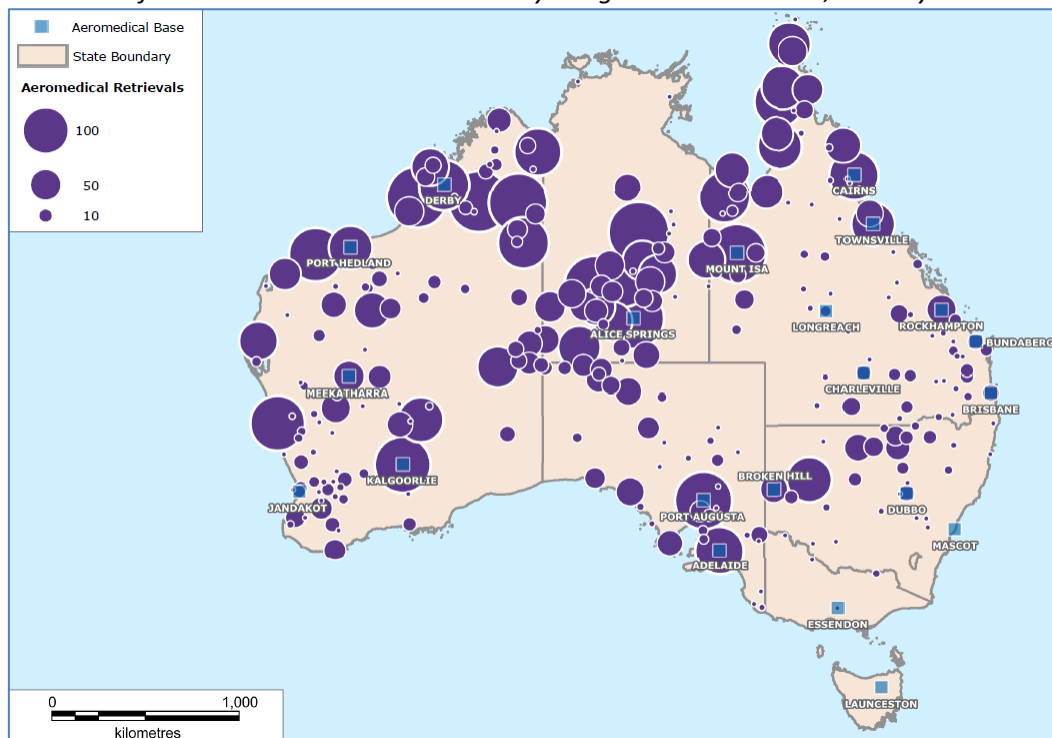


RFDS Research Findings

The Royal Flying Doctor Service (RFDS) formalised its commitment to improving health outcomes and access to health services for Aboriginal and Torres Strait Islander peoples through its first Reconciliation Action Plan (RAP), released in January 2016. A key commitment of the RFDS RAP was to seek to use RFDS data to inform research and policy to improve the health outcomes of Aboriginal and Torres Strait Islander peoples. Accordingly, in November 2016, the RFDS released the research paper *“Providing Aeromedical Care to Remote Indigenous Communities”*, which details the demand and reason for aeromedical retrievals of Indigenous Australians by the RFDS from remote and very remote areas of Australia.¹

The paper analyses 62,528 aeromedical retrievals provided by the RFDS between July 2013 and December 2015, and for which Indigenous status of patient was recorded. Of these, almost one-third - 17,606 or 28.2% - were for Indigenous Australians from remote and very remote areas of Australia. This equates to 19 patients every day who required RFDS aeromedical transport to a tertiary hospital to receive definitive care.

Figure 2. Demand for RFDS aeromedical retrievals by Indigenous Australians, January–December 2015



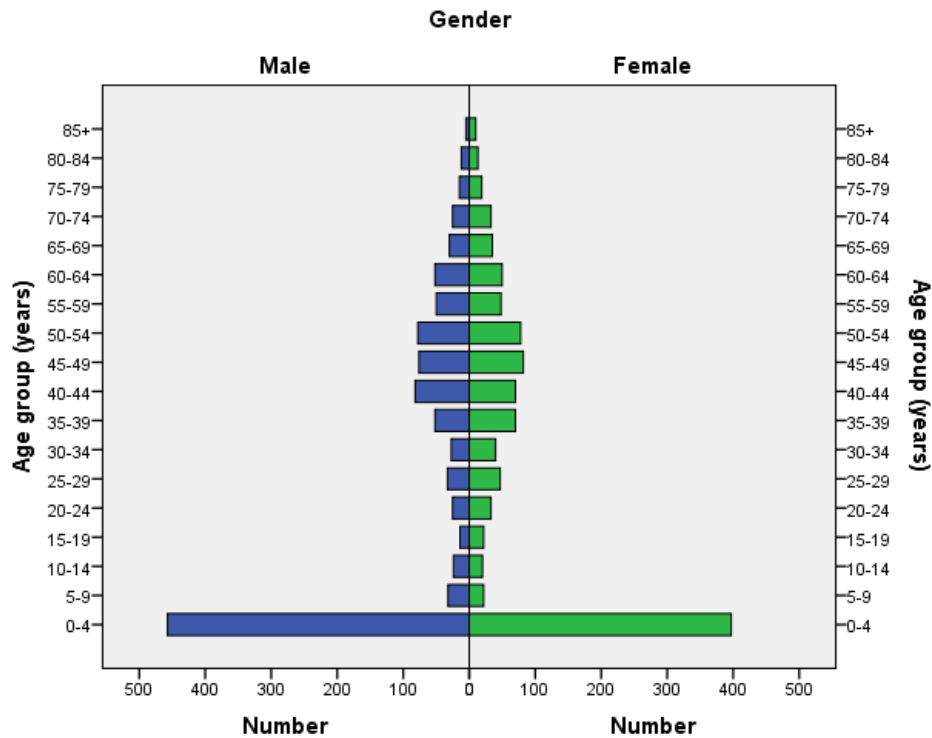
Results from analysis of the 62,528 RFDS aeromedical retrievals using demographic characteristics, yielded the following key results:

- Indigenous females were 1.2 times as likely as Indigenous males to require an RFDS aeromedical retrieval;
- The average age at which an Indigenous Australian underwent an RFDS aeromedical retrieval was 30–34 years;
- Children aged 0-4 years were the group of Indigenous patients most likely to require an RFDS aeromedical retrieval.

A particular area of interest in the analysis was the high proportion of RFDS aeromedical retrievals for Aboriginal and Torres Strait Islander children under 4 for respiratory diseases such as pneumonia, bronchitis and asthma, as shown in Figure 3.

¹ It is important to note that this is the first time this data has been analysed and publically released, and as RFDS services operate where Medicare services do not, it is unlikely that these data are picked up in other national data sets that tend to rely on MBS statistics. The RFDS has previously provided data such as this to the Indigenous Affairs Group within the Department of Prime Minister & Cabinet, and we would be happy to do so again or on a more regular basis.

Figure 3. Gender of Indigenous patients by age who underwent an aeromedical retrieval for diseases of the respiratory system, July 2013–December 2015.

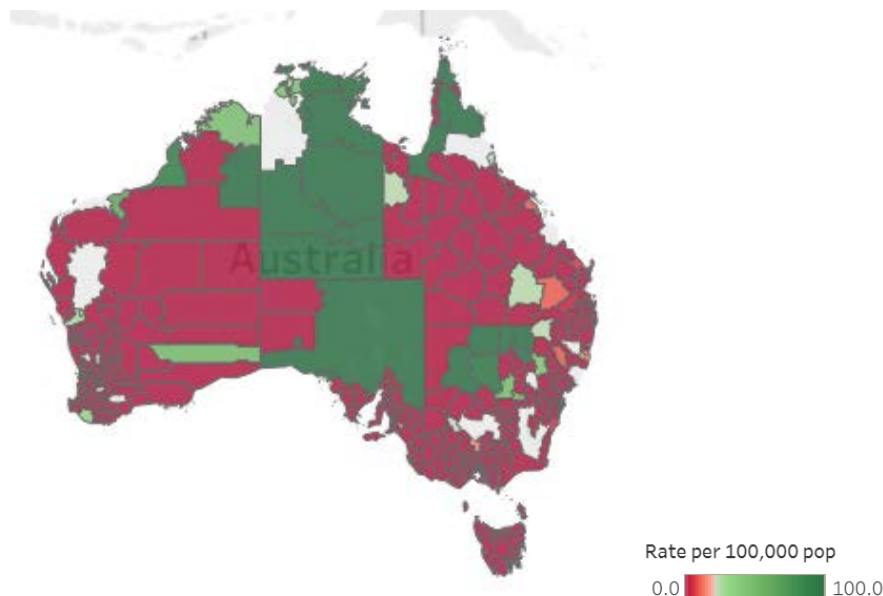


And using the 22 categories of the International Statistical Classification of Diseases and Related Health Problems, the following top three reasons for an Indigenous Australian requiring an RFDS aeromedical retrieval were found to be:

- Injury, poisoning and other consequences of external causes (17.9%);
- Diseases of the circulatory system, such as heart attacks or stroke (14.3%);
- Diseases of the respiratory system, such as a respiratory infection, influenza, and pneumonia (12.8%)

Finally, using data from Health Workforce Australia and the RFDS Strategic Planning and Operational Tool (SPOT) which maps existing services in remote and rural Australia overlaid with population data, the figure below demonstrates the persistent shortage of Aboriginal and Torres Strait Islander health workers in rural and remote parts of Australia.

Figure 4: ATSI Health Practitioners per 100,000 population, by Local Government Area 2015





Recommendations

The RFDS strongly encourages that in the next Closing the Gap framework, a focus on ensuring that there is timely and appropriate access to healthcare for Aboriginal and Torres Strait Islander Australians in remote and rural areas is critical. This is particularly pertinent given the relationship between declining health status and increasing remoteness, and Aboriginal and Torres Strait Islander Australians being overrepresented in remote and rural populations. In the 2011 Census, 3% of the Australian population identified as Aboriginal and Torres Strait Islander Australians and 21% of these populations live in remote and very remote areas.

The need for appropriate and comprehensive services for Aboriginal and Torres Strait Islander peoples living in these remote and very remote areas is further demonstrated through the high proportion of patients from these locations requiring an emergency RFDS aeromedical retrieval, as described above. The high proportion of RFDS aeromedical retrievals for Aboriginal and Torres Strait Islander peoples for circulatory diseases, such as heart attacks as well as the high proportion of retrievals for children under 4 for respiratory diseases such as pneumonia, bronchitis and asthma indicates the ongoing need for investment in culturally appropriate primary healthcare and chronic disease management for Aboriginal and Torres Strait Islander Australians in remote and rural Australia.

Furthermore, it should be noted that the top three reasons for an RFDS aeromedical retrieval of an Aboriginal or Torres Strait Islander Australian, as outlined above, are each, to a large extent, preventable. As such, the RFDS recommends that in regards to any health or mortality related targets to be included in the next Closing the Gap framework, a strong focus for action should be on mitigating preventable illness and conditions, and with programs that are appropriately tailored for those living outside of metropolitan areas. In a previous publication *“Responding to Injuries in Remote and Rural Australia”* (released February 2016), the RFDS also called for a new National Injury Prevention Strategy, which includes rural and remote Australians as well as Aboriginal and Torres Strait Islander Australians as priority populations, with targeted strategies to reduce the incidence of injury.

The RFDS also strongly advocates that the need for increased cultural safety of health services for Aboriginal and Torres Strait Islander people and improved cultural competency of the health workforce be a cornerstone of health related components of the next Closing the Gap framework. In 2017, together with Reconciliation Australia Chair, Professor Tom Calma, and one of Australia’s leading authorities on cultural safety, Professor Dennis McDermott, the RFDS undertook research into disparities in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians attributable to care received within hospitals and health services. The research reveals Aboriginal and Torres Strait Islander peoples have poorer outcomes, access appropriate care less often, and that improving cultural safety within health care services can positively improve health outcomes. In line with this research, the RFDS promotes that cultural competency of staff needs to be expected and required of mainstream service delivery organisations, and proposes deeper embedding of cultural safety within Australia’s health care system’s quality and safety standards.

We would be keen to discuss these matters and how the RFDS can further contribute to the development and implementation of the new Closing the Gap framework.

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Martin Laverty
Federation Chief Executive Officer