Bringing health equity to ageing rural and remote Queenslanders: Blue Care Rural and Remote Aged Care Strategy

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About Blue Care

Blue Care is a not-for-profit organisation with over 260 centres providing aged and community care services throughout Queensland and northern New South Wales. Blue Care has almost 10,000 highly dedicated staff and 3,000 devoted volunteers. Blue Care's multidisciplinary staff provide support to one in five Queenslanders at home, in the community and in Blue Care residential aged care facilities.

Blue Care provides services as far north as Thursday Island, south to Kingscliff, west to Mount Isa and south-west to Cunnamulla, and has the potential to respond to the growing needs of ageing Queenslanders. As a major provider of aged and community care in Queensland, Blue Care is often the sole care provider in rural and remote areas, and has first hand insights and knowledge of the challenges facing people choosing to grow older in their country town.

Background—Why a Rural and Remote Strategy for Aged and Community Care?

Whilst there has been substantial attention given to demographic change, health and medical issues in Australia, there has been limited focus on aged and community care in rural and remote areas. Accepting that there is a National Strategy for Ageing Australia, "there are very few references in this strategy to rural and remote areas, and almost none to Indigenous people" [1].

In Blue Care's experience, a major problem is the inflexibility of the current aged care policies and programs, which do not take into account the unique social, cultural and economic needs of ageing Queenslanders in the 'bush'.

In 2008, Blue Care's Executive Director initiated the development of a Rural and Remote Strategy. The Rural and Remote Strategy comprises two phases—research/stakeholder consultation; and policy development/future directions. The strategy aims to:

- identify best practice and innovative models through national and international research; and
- present new approaches of rural and remote service delivery options to government and peak bodies for consideration.

The Rural and Remote Strategy builds on the community profiles developed by Blue Care in 2006, covering 166 statistical local areas. The profiles provide a snapshot of socio-demographic characteristics of Queensland regional, rural and remote communities. During consultations and development of the community profiles, a number of recurrent issues affecting rural and remote communities emerged. Collectively, these themes form the key research areas of the Rural and Remote Strategy: allied health, aged care assessment, community care programs, mental health and dementia, workforce recruitment/retention, residential care, respite care, transition care and transport.

Queensland trends

One of the most significant changes anticipated in Queensland's future is the ageing of the population. The Queensland Government Planning Information and Forecasting Unit (PIFU) predict that "while much of Queensland's future growth is projected to occur in the south-east corner, the impacts of ageing may be more apparent in regional areas" [2]. Regional communities are expected to experience rapid and sizeable population ageing, and burgeoning demand for aged and community care services.

According to PIFU, the number of older Queenslanders (aged 65 years and older) grew substantially from 270,000 in 1986 to 511,500 in 2006. This number is projected to more than double over the next two decades, reaching more than 1.2 million people [2]. By 2056, people aged 65 years and over will represent more than one in every four Queenslanders (26.1%). In contrast, people aged younger than 45 years are projected to decline from 71.5% of the Queensland population in 1986, to 62.8 % in 2006, reaching 56.8% cent of the population in 2026, and 50.5% by 2056 [2].

Blue Care analysis indicates that with exception of the Northern Territory, Queensland defied the Australian trend and recorded a lower proportion of older people (aged 65 years and over) living in Major Cities (estimated 59%) compared with other states at 2006 Census. Comparably, a higher proportion of older Queenslanders chose to reside in Inner and Outer Regional areas (estimated 38%) [3]. The remainder 3% of older Queenslanders lived in Remote and Very Remote areas at 2006 Census. Inner Regional Queensland recorded the highest age-dependency ratio representing nearly one older person (aged 65 years and over) for approximately every four working aged people at 2006 Census [3].

This analysis highlights Queensland's changing population distribution patterns, including 'sea change' and 'tree change' trends, along with the apparent preference of older Queenslanders to live in regional centres. This may be due to perceptions of affordability, liveability and personal safety. The implications of demographic change also reflect a likely and substantial decrease in the proportion of working age people, compared to a higher proportion of older people in regional Queensland. Current trends and data forecasts also suggest there may be lower proportions of local community members available in non-metropolitan areas to provide formal and informal care, volunteering and other contributions to civic life.

Observations

It is well documented that people living in rural and remote areas experience overall poorer health outcomes, higher morbidity and mortality rates, and higher levels of socio-economic disadvantage. However, despite these trends, Blue Care research suggests that country people have an underlying tolerance to 'make do', and generally accept more limited services and accessibility compared to their metropolitan counterparts.

Stakeholder consultations undertaken during the strategy development indicated a range of challenges, which must be addressed to facilitate improved aged and community care in Queensland rural and remote areas. These included:

- the inflexibility of aged and community care service delivery models/policies, and desire for funding portability;
- the feasibility of providing appropriate residential and community care supports to better meet local needs;

- lack of interaction and coordination for patient admission/discharge between major hospitals in city or regional centres and country towns. Anecdotal evidence suggests this often occurs with little focus on older peoples' continuity of care.

Further, assessment timeframes, lack of communication and coordination between aged care assessors and service providers, was frequently cited as an issue affecting older people in rural and remote areas. Service providers generally considered that undertaking a comprehensive psychosocial client assessment (including understanding the client's family needs), is paramount to the provision of quality care. Feedback generally indicated this cannot realistically be achieved within the current assessment time limit.

Stakeholder feedback suggested this problem could be somewhat alleviated through improved communications between the assessor, service provider, client and client's family to enable the best possible client care. In some cases, rural consumers may have to wait on average between 10–15 weeks for an assessment, and then experience considerable delays accessing an appropriate care package or residential care. The process and response time could also be improved by providing client and family assistance to source suitable care service providers.

Blue Care consultations in rural and remote areas also highlighted the significant lack of allied health services. In particular, social work and counselling, speech pathology, physiotherapy, occupational therapy and podiatry. Consultations generally indicated support for the introduction of allied health therapists, particularly in remote areas.

Innovations

The following innovative service delivery models provide a sample of the alternative approaches reviewed in the Rural and Remote Strategy that could be piloted in rural and remote Queensland communities in later stages of the project:

Multidisciplinary Therapy Assistants

The Western Australian Country Health Service initiated a Therapy Assistant Project in rural and remote Western Australia to alleviate on-the-job and training load demands impacting on supervising Allied Health Professionals [4].

Time Banking

The Time Banking model is based the premise of mutual service exchange, recognising that that everyone has something to contribute and give [5].

Swing Bed Program

The Swing Bed is a USA Medicare program designed to provide additional inpatient care to people needing extra time to heal or strengthen before returning home [6]. The term 'swing bed' originated from the idea that the patient will 'swing' (or transition), from inpatient acute care through the program and return home to the same level of independence prior to entering the hospital.

Community Access Referral Information Networking Group (CARING)

In the USA, a case management model, Community Access Referral Information Networking Group (CARING), was implemented to help improve client based outcomes and reduce hospitalisation episodes [7].

Interdisciplinary Mobile Service with Graduate Practicum Placement

This model was introduced to Rural communities of south-eastern Idaho, USA [8]. It aims to develop and implement a mobile health service and wellness intervention to adults aged 60 years and over years residing in rural communities.

Blue Care in action—commitment to rural and remote Queensland

Blue Care has also commenced research and consultations in remote Indigenous communities of Cape York, complementary to the Rural and Remote Strategy. The first Cape York project focuses on reviewing existing aged and community care service models, and proposing options for alternative approaches, which may benefit Cape York Indigenous people. Research findings will be incorporated into the Rural and Remote Strategy to provide a more insightful understanding of issues and opportunities pertaining to older Indigenous people residing in the Cape.

The second parallel research project focuses on Indigenous employment and recruitment in remote Cape York communities. The project aims to identify and implement approaches that will attract and retain Indigenous people in aged and community care services. The findings from the Cape York projects will be available in November 2009, and integrated with the overall Blue Care Rural and Remote Strategy.

The Indigenous Cape York research projects are an extension of Blue Care's commitment to the health, well-being and status of Indigenous people, and further the work undertaken for the 'Blue Care Indigenous Care Strategy'. Since inception in 2006, all 30 recommendations of the Indigenous Care Strategy have now been implemented. Key achievements include building partnerships with Indigenous communities and service providers; improving older Indigenous people's access to Blue Care services; and substantially increasing Blue Care's Indigenous age and community care workforce. Blue Care now employs and supports the professional development of over 170 Indigenous Australians, in a range of career pathways including: carers, nursing, allied health, administration, hospitality, community development, transport and project/policy work, and supports ongoing professional development.

Conference policy recommendations

Final components of the Rural and Remote Strategy are in progress. However, Blue Care proposes that Governments support demonstration projects which focus on more innovative and flexible service approaches in rural and remote areas. These opportunities may include partnership arrangements with existing service providers and/or governments, with a renewed focus on healthy ageing and more equitable access to aged and community care services.

More information

The final Blue Care Rural and Remote Strategy will be available in the later part of 2009 and can be obtained by contacting Blue Care's Rural and Remote Services Team: ruralandremotestrategy@bluecare.org.au.

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Presenter

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