



COASTAL WHEATBELT DISTRICT

.....
COMMUNITY CONSULTATIONS JUNE 2009
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Wheatbelt Health Planning Initiative

This booklet provides background information to assist you to have your say
on future health solutions for the Wheatbelt Region

Prepared by MMT Consultancy Services

**For the purposes of this booklet
the Coastal Wheatbelt District
comprises of the following Shires:**

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Shire of Chittering*

.....
Shire of Gingin

.....
Shire of Dandaragan
.....

** While Chittering is not a coastal area it has been included in this Coastal District Booklet for planning purposes as many of the issues in Chittering are similar to those experienced by residents in the Shires of Gingin and Dandaragan.*

This Booklet is available online at
www.wheatbelt.wa.gov.au

For more information about MMT Consultancy Services go to **www.mmtohl.com.au**

●● BACKGROUND

This booklet aims to assist residents living in the Coastal District of the Wheatbelt to participate in the future planning of your health services. The booklet provides a profile of the community and outlines some of the current issues facing rural communities in the delivery of health care.

An independent consultant, Marguerite Tohl, Director, MMT Consultancy Services, has been engaged by the Wheatbelt Health MOU Group to work with the Wheatbelt community to gather information about community needs, priorities and local solutions for the future development of health services.

The Wheatbelt Health MOU Group is a partnership between the Wheatbelt Development Commission, Wheatbelt Local Government Authorities, WA Country Health Services - Wheatbelt and the Wheatbelt General Practice Network.

This work follows on from a planning process conducted in 2006/07, which identified a number of areas for improvement including:

- Ensuring continuing medical cover;
- Improving emergency service protocols;
- Making better use of small hospitals;
- Increasing access to services in Coastal Communities;
- Improving communication and information systems;
- Increasing access to mental health services;
- Increasing access to residential aged care for people requiring dementia care; and
- Making the best use of district hospitals.

During June 2009, Marguerite will be travelling throughout the Wheatbelt to hear from the community, health service providers and other important stakeholders about what they consider are the priority health needs of the community and what they think health services should look like in the future. The information gathered will then be used to inform decisions about future health planning. The consultation times and venues for the community consultations are at the back of this booklet.

We look forward to your participation in this important initiative.

*Thanks to Pip Kirby, Wheatbelt Development Commission
for her photo of a Salmon Gum near Beacon.*

☼ THE WHEATBELT

The Wheatbelt covers 155,256 square kilometres of the State. The region has 44 Shires and is home to over 74,000 people, making it the third most populous region in the State.

The Wheatbelt is often referred to as the “food bowl” of the State as it produces cereal crops, canola, lupins, olives, vegetables, wine grapes and livestock. Other industries that also make important contributions to the economy are wool, mining, commerce, manufacturing, construction, timber production, fishing and tourism.

The environment of the Wheatbelt is as varied as its people. There is approximately 150km of pristine coastline, extending from Guilderton to Jurien Bay. The Avon region close to Perth is known for its lush environment, because of its relatively high rainfall. The areas to the East are rich in minerals, including gold, nickel and iron ore and the remainder of the Wheatbelt concentrates on important agricultural production.

The Wheatbelt has a highly dispersed population (the most dispersed in Western Australia). There are 116 towns and smaller settlements in the Wheatbelt with the highest density occurring in towns closest to Perth. Travelling towards the far north and east of the Wheatbelt, there are further distances between towns. Half of the Wheatbelt’s population is located in 30 towns with the remainder of the population in groups of fewer than 200 people. Just the geography alone makes it difficult to ensure that everyone has access to appropriate health care.

The profile of the population is changing. In the future there will be more people in the Wheatbelt and more older people that will require support. This is just one reason why it is important that the community is provided with the opportunity to have a say about what their services should look like in the future.

☼ THE CONTEXT

In the past, the health system was focussed on illness and could be summarised into two words: hospitals and doctors. Today, the health system is one of the fastest changing sectors in the world.

Across all Districts of the Wheatbelt there has been a reduction of activity in local hospitals in the acute/sub-acute beds. In addition, the people in these beds are not staying as long in hospital. Day surgery has replaced the operations that once took weeks of recuperation in hospital and new technologies are changing the way services are being delivered.

Many services traditionally provided in hospitals can now be provided safely in a Nursing Clinic or even in a person’s home. Home care has become a very important element of the health and aged care system with the technology that is now available.

GPs are delivering a far wider range of services in a co-ordinated team approach. There is now a much stronger focus on preventing illness and supporting the growing number of adults and older people with a chronic disease, such as diabetes. There is also an increasing number of people with mental health and drug and alcohol problems.

Older people want to remain active participants in society and continue to live in their own communities for as long as they possibly can. Home care, social support, new technologies, short term and emergency accommodation are enabling people to achieve this goal. However, when this can no longer be achieved older people need access to quality residential aged care.

Young Mums, young people and carers need support in the community and “Babyboomers” are realising that they need to better look after their health. In addition, there continues to be disparities between the health of non-Indigenous and Indigenous people.

An ongoing challenge that is particularly experienced in rural areas is the need to attract and retain GPs, nurses and allied health workers. Health professionals now want a work/life balance. As an example, many GPs are no longer prepared to be available 24 hours, 7 days a week.

THE CONTEXT CONT...

The funding and delivery of health and aged care services in the Wheatbelt is complex and involves the Australian, State and Local Governments as well as the private and not for profit sectors. This creates another challenge, which is to ensure the co-ordination of services and support across the Wheatbelt region.

We all make decisions everyday about how to balance our budget and sometimes these decisions are difficult. Across Australia and internationally, health planners are doing the same thing to ensure that the "health dollar" is properly balanced across services that:

- Prevent people from becoming ill and promote healthy lifestyles;
- Intervene early if a person has been diagnosed with an illness to prevent their health from getting worse;
- Help to maintain people in their own homes; and
- Help people if they have an illness, acute episode, experience an injury or they require residential care.

These services must be provided safely, meet quality standards and be sustainable for the future.

Hospitals and doctors will continue to be very important in our health system but as you can see there are many other challenges for the future. How can these challenges best be met and what do you think your health services should look like in the future?

POPULATION FACTS

- In 2007, there were approximately 11,676 residents in the Coastal District, which is 16% of the Wheatbelt population. ¹
- By 2016, you will have 13,696 residents (a 28% increase). A bigger percentage increase than the rest of the Wheatbelt. By 2021 there will be 14,955 residents. ²

The table below shows that:

- There are more males than females in the District;
- A large number of young people leave the District between the ages of 15 to 24 years;
- In 2007 there were an estimated 1,662 people aged 60 to 69 years. Over the next 10 years many of these people will require some support as they age; and
- 22% of the population is aged 45 to 59 years, which is a very important age for leading a healthy lifestyle to avoid ill health in later life.

Table 1: Estimated 2007 population, ABS

Age	0-4	5-14	15-24	25-44	45-59	60-69	70+	Total
Males	350	907	557	1526	1393	890	513	6,136
Females	328	863	470	1414	1250	772	443	5,540
Total	678	1770	1027	2940	2643	1662	956	11,676

In 2006:

- There were an estimated 198 Indigenous residents in the District (5% of the total number of Indigenous residents in the Wheatbelt). This number is expected to increase to 255 people by 2021. ³
- 12% of people living in the District speak another language at home other than English. ⁴
- There were 810 people living alone and 243 people living in one parent families. ⁴
- 26% of residents were not working and not seeking work. ⁴
- The most common employment industry was agriculture and fishing (approximately 17%). Other common employment industries were education, local hospitals, Local Government and mining. ⁴

1 Estimated 2007 Population, Australian Bureau of Statistics (ABS)

2 Dept Planning & Infrastructure Projected Population Estimates for WA (from 2006 Census)

3 Based on ABS Projections to 2009 (ABS Cat No 3238.0)

4 ABS Census 2006

HEALTH FACTS

- In recent years the main causes of death were heart disease, cancer, stroke, respiratory problems and injury.¹⁰
- Across the Wheatbelt there have been higher rates of youth suicide, lower rates of smear tests, higher levels of diabetes, heart disease and accidents compared to the rest of WA.⁶
- Some of the major causes for hospitalisation include births, dialysis, chronic respiratory problems, diseases of the digestive system, heart disease, injury, poisoning and cancer.^{8 6}
- There continues to be disparities between the health of non-Indigenous and Indigenous people.⁶
- Renal disease is a major health issue for Aboriginal people.⁵
- Obesity is a major issue across the Wheatbelt⁶ which means a higher risk of people developing diabetes, heart disease and stroke.
- Across Australia, the number of people experiencing mental illness is significantly increasing, which is impacting on the health and well-being of individuals and their families and carers.⁷

Compared to the rest of WA:

- Adults aged 16 years and over, particularly males were not eating the recommended daily serves of fruit or vegetables.⁸ Males aged 16 to 64 years were also not doing enough physical activity.⁸
- The prevalence of arthritis was significantly higher for adults aged 25 years and over, particularly for males.⁸
- Visits to dental health services were significantly lower for adults aged 16 years and over, particularly for females.⁸
- The proportion of children aged less than 15 years living in a home that was not smoke free was significantly higher.⁸
- There was a higher proportion of births for women under 20 years of age.⁸
- Country people who smoked had higher rates of asthma.⁹
- Rates of prostate cancer were higher.¹⁰

⁵ WA Country Health Service Strategic Plan 2007-2010

⁶ Wheatbelt Health Service Plan, Discussion Paper, December 2006

⁷ The 2007 National Survey of Mental Health and Wellbeing, Summary of Findings, 2008.

⁸ Western Wheatbelt Health Profile, December 2008

⁹ Population Health Profile of the Central Wheatbelt Divn of GP, PHIDU, 2007

¹⁰ Wheatbelt Clinical Services Plan, August 2008

OTHER HEALTH FACTS

Aged Care

- There are no aged care beds in the Coastal District, however across the Wheatbelt there are 242 aged care beds managed by the State and a further 247 in the private sector. On 31 March 2009, there were 201 people staying in the State aged care beds across the Wheatbelt. Approximately 50% of these residents had stayed longer than 2 years.¹¹
- The majority of the small local hospitals have an increasing number of older people staying in the hospital for long term care.
- There are 24 Home and Community Care Services (HACC) across the Wheatbelt that provide support services for older people and people with a disability living in the community.
- Community aged care packages (CACPs) are also available for older people across the Wheatbelt.

Hospitals

- There are no hospitals in the Coastal District, however there are 24 hospitals across the Wheatbelt. The four hospitals at Moora, Northam, Narrogin and Merredin support the other 20 small hospitals.
- There are a total of 276 acute/sub-acute beds across the Wheatbelt. 163 beds are in the small 20 local hospitals that had an average occupancy of 24% in 07/08.¹¹ This means that many of the beds in the local hospitals are not being used, although staffing levels remain the same.
- There was less local hospital activity in the acute/sub-acute beds across all of the Districts in 07/08 compared to 06/07.
- Moora, Northam and Narrogin Hospitals have a total of 30 beds for day procedures. In 07/08 the beds were used 2,207 times.¹¹
- There are high numbers of Wheatbelt residents accessing specialist services in Perth.¹⁰
- In 2007/08, 82% of people who attended Accident and Emergency (A&E) were for category 4 & 5. This is for care that would not necessarily need to be undertaken at an A&E.¹¹

¹¹ Data provided by WA Country Health Services

Transport

- The Royal Flying Doctor Service made 59 life threatening or urgent transfers from the Western District (includes Coastal). Every person was taken to a hospital in Perth. ¹¹
- There are 16 ambulances operated by St John Ambulance and manned by volunteers in the District. In 2007/08 there were 895 transfers. ¹¹
- District transport to access health services is a problem. ¹⁰

GPs

- There are 59 GPs in the Wheatbelt and approximately one full time GP for every 1,705 residents of the Wheatbelt. ^{1 12} The GPs in the Central Wheatbelt Division of General Practice Region (excludes the Southern Wheatbelt) provided 172,000 GP services in 2008, which cost Medicare \$6.7 million. ¹³
- A large number of the GPs in the Wheatbelt are nearing retirement and it is increasingly difficult to replace them. ¹⁰

Other services

- In the Coastal District, residents have access to a range of services including nursing centres, mental health services, health promotion and primary health care programs, allied health services including counselling, women's health and children's health services and short stay respite. More detail will be provided at the Community Consultations.
- In 2000, a total of 695 people received a community mental health service in the Western, Eastern and Coastal Districts. This increased to 1,281 people in 2007.
- Data for the Western District (includes the Coastal District) showed that on average each person received a primary health service ¹⁴ on 1.5 occasions for the year in 2007/08. ¹⁰

Finance

- In 2007/08 approximately \$101.5m was spent by the State Government on health services in the Wheatbelt. ¹¹
- The annual cost of the two biggest hospitals (Northam and Narrogin) was about \$10m each. The average cost of a small hospital was \$2 million, regardless of the level of usage of the beds. ¹¹
- Home and Community Care spending was \$2.7m in 06/07.

¹² No. of GPs provided by the Central Wheatbelt Division of General Practice.

¹³ www.medicareaustralia.gov.au

¹⁴ Primary health services include: Occupational Therapy, Physiotherapy, Speech Therapy, Dietetics, Women's Health, Child Health, Immunisation, School Health and Community Nursing

COMMUNITY CONSULTATIONS

Evening Community Consultations

Two evening community consultations have been arranged for any resident of the Coastal Wheatbelt District to attend. Regardless of where you live you are welcome to attend any of these meetings. The dates and locations of the meetings are outlined below.

- **Jurien Bay**

Tuesday 16th June, 7.00pm – 8.30pm
Jurien Community Centre, Bashford St Jurien Bay

- **Gingin**

Wednesday 17th June, 7.00pm – 8.30pm
Granville Civic Centre, Weld St Gingin

Can't attend an evening meeting?

We are also conducting two community meetings during the day. These meetings are particularly available for people who cannot attend an evening meeting, such as people who care for young children, older people and their carers. The dates and locations of the day meetings are outlined below.

- **Jurien Bay**

Tuesday 16th June, 10.30am – 12.00
Jurien Community Centre, Bashford St Jurien Bay

- **Gingin**

Wednesday 17th June, 10.30am – 12.00
Granville Civic Centre, Weld St Gingin

What if I can't attend either meeting?

If you cannot attend a meeting you are welcome to provide written comments to Marguerite Tohl at the following address:
Wheatbelt Health Initiative - MMT Consultancy Services
PO Box 324, Brighton, SA 5048.

Written responses will be accepted until 3rd July 2009.