

Potentially preventable hospitalisations

Key messages

- ◆ In 2006-07, in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT:
 - the Indigenous hospitalisation rate for potentially preventable chronic conditions was 6.4 times the rate for non-Indigenous people. The Indigenous hospitalisation rate in 2006-07 was 21.2 per cent higher than the rate in 2004-05 (186.9 compared to 154.2 hospitalisations per 1000 people)
 - the Indigenous hospitalisation rate for type 2 diabetes (with and without complications) was 5.2 times the rate for non-Indigenous people. Complications of diabetes accounted for 88.5 per cent of hospitalisations of Indigenous people for potentially preventable chronic conditions
 - the Indigenous hospitalisation rate for potentially preventable acute conditions was 2.3 times the rate for non-Indigenous people. Hospitalisation rates for vaccine preventable and sexually transmitted diseases were also higher for Indigenous than non-Indigenous people.
- ◆ Indigenous people were 45.8 times as likely as non-Indigenous people to be hospitalised for injury and poisoning and other external causes in 2005-2007 in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT.

Potentially preventable hospitalisations include hospitalisations that could have been prevented if people had received appropriate primary health care, and hospitalisations that result from external causes, such as accidents, assault and poisoning that could potentially have been prevented by other means.

The extent of potentially preventable hospitalisations can indicate whether people are receiving adequate primary health care. In many cases, hospital admissions can be prevented if more effective non-hospital care were available, either at an earlier stage in the disease progression or as an alternative to hospital care (AHMAC 2008). The variation in potentially preventable hospitalisation rates between Indigenous and non-Indigenous people demonstrates considerable potential for improving Indigenous access to non-hospital care.



'Things that work' – improving access to primary health care

The **Kimberley Satellite Dialysis Centre** (WA) is an Aboriginal Community Controlled Health Service run dialysis unit, which provides a culturally safe environment for Aboriginal patients. Attendance and patient acceptance of the service have been excellent. The Centre treats patients on-site in Broome and teaches patients about home-based dialysis so they do not have to attend the clinic so many times a week (C. Hayward pers. comm. 2009). It was a winner of a 2007 National Excellence Award in Aboriginal and Torres Strait Islander Health (DOHA 2007).

After the Centre opened in 2002, the proportion of Kimberley haemodialysis patients receiving treatment in the region increased from 10 to 65 per cent. These patients were more likely to correctly follow haemodialysis therapy and care guidelines, and had similar age standardised death rates as non-Indigenous patients in WA and the rest of Australia, excluding the NT (Marley et al. 2008).

The **Healthy Heart Cardiac Rehabilitation Program** has been provided by the Wuchopperen Health Service in partnership with the Cardiac Rehabilitation Department of Cairns Base Hospital since July 2006. The Australian Medical Association 2007 Indigenous Health Report Card found that this initiative had had a significant positive impact on Indigenous participation in cardiac rehabilitation programs. Close to 100 Indigenous patients had been referred to the Wuchopperen Cardiac Rehabilitation program within a short period of time, with at least half of these referrals more than 200 km from Cairns. Before the program started, participation of Indigenous people in Cardiac Rehabilitation was poor (2-5 per cent). Since the program started, 100 per cent of referrals receive follow up, with 40 per cent of referrals attending the program requiring further investigation and potential surgery.

There has been a 21 per cent participation rate in the exercise component and a 26 per cent participation rate in the cardiac education sessions (AMA 2007).

Overcoming Indigenous Disadvantage: Key Indicators 2009 was released on 2 July 2009. In April 2002, the Council of Australian Governments commissioned the Steering Committee to produce a regular report against key indicators of Indigenous disadvantage. This report has an important long-term objective. It is to inform Australian governments about whether policy programs and interventions are achieving positive outcomes for Indigenous people. This will help guide where further work is needed.

Full document can be downloaded <http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2009>

SNIPPETS FROM THE STUDENTS IN 2009

I have completed more than half of my 5th year, of my medical degree. This year has been very insightful and interesting with regards to my learning and experiences, I have completed or currently participating in obstetrics and gynaecology, general medicine, oncology, paediatrics, general practice and ophthalmology rotations.

So far, I have found obstetrics and gynaecology to be the rotation of greatest interest to myself, and a career well and truly worth considering in the future. It was particularly satisfying participating in the birth of several babies and their families. But these interests in my future career wax and wane with time and experiences in my separate rotations.

During the summer vacation 5th year medical students are expected to undertake a 6-week elective to their choice. For my elective I have chosen to spend my time at Derbal Yerrigan Health Services (Perth's Aboriginal medical service) participating in the general practice aspects of the service and the community services that are provided i.e. heart health programs and visits to renal dialysis units. I have found this year extremely rewarding and look forward to the completion of this year and starting the next.

Daniel Hunt —Bachelor of Medicine—University of Western Australia

Sponsoring Rotary Club— Kenwick

I am writing this report to inform you that my 2nd year study of nursing at Deakin University has been a great journey and educational success in obtaining my desire in this profession. Living in Gove, NT it is very hard to study full-time as well as being employed. I was working casually at Anglicare as a disability and respite worker to further my experience and skills in the nursing field. I currently finished up work casually at Anglicare due to a broken foot injury although I still stop in the office every now and then to see my past clients.

Studying full-time at Deakin consist of six week study blocks in two week intervals commencing in Geelong, Victoria. After each six week study block I complete a four week nursing placement in rural and remote areas to get a greater understanding of community settings and also Indigenous health. I am pleased to inform you that my results from semester one were outstanding and unexpected. I received two D's (distinction) and a C (credit).

I am currently completing my last two weeks of study block in Geelong, followed by my exam and placement as the final piece of semester two, 2009 2nd year nursing. The reason why I transferred universities from James Cook University (JCU) to Deakin University last year was due to the fact I can study and work in the nursing profession while still living in a rural community. My future plans for this year is to gain more experience in hospitals during placement instead of medical clinics. I am enjoying my study load as it is not too stressful and can't wait to start 3rd year nursing next year.

After having more of an insight into the nursing roles I would like to further my education after nursing into midwifery or become a project nurse implementing successful programs within Indigenous rural and remote communities. I would like to thank everybody at Rotary for giving me this scholarship to help go towards my financial needs in maintaining equipment such as my laptop that has been an essential use in my study.

Jessica Bowron—Bachelor of Nursing—University of Deakin

Sponsoring Rotary Club—Geelong

As a recipient of the Australian Rotary Indigenous Health Scholarship I am grateful in which this extra financial assistance to my ABSTUDY has provided me support as a student living away from home, to provide myself with sufficient accommodation, meals, university resources and transport to and from university. While this has provided me with support to remain at university, my first semester in the Bachelor of Dental Surgery has been quite welcoming and exciting. I found the first semester quite a challenge but with the support of both my class peers and mentors I strived to make it through the first semester. I found the science component to the course full on, but through my communications subject I established great interest in communicating with patients, thus achieving a better mark compared to my other classes. But through my continuing enrolment throughout the course I believe I will improve through my ongoing experiences to strive for great achievements.

Overall my expectations of the course have been met and often challenged through the hard content in the subjects, but through my ongoing determination to become a dentist I will continue to achieve. The material that we have covered over this year has been of great interest and will be used as the foundations of our knowledge as practicing dental students. I look forward to my remaining semesters in dentistry and am delighted to have undertaken study in this field. I would also like to acknowledge the Australian Rotary and the Federal Government for appreciated financial assistance.

Gari Watson—Bachelor of Dentistry—James Cook University

Awaiting sponsoring club



SNIPPETS FROM THE STUDENTS IN 2009

Last semester was made a great deal easier for me, due to having the Rotary Scholarship. I was able to purchase some excellent text books, including the following - Nursing Care plans, Physical Examination and Health Assessment, Emergency and Trauma Nursing and Transitions to Professional Nursing.

Furthermore, I also was able to work less at the hospital and continued to tutor two other indigenous nursing students. I found this enjoyable and it was great to be able to nurture them a little as they were both living away from family. I have begun speaking to the university and the hospital about getting into a research project for my honours, with the hope of accessing something in pain management.

My clinical placements this semester have both been in the ICU settings. One was at Westmead Hospital and currently at John Hunter Hospital. I feel that I have found my calling in intensive care nursing and am getting wonderful feedback in regards to my clinical skills and ability to communicate with patients. I also moved house this semester, right in the middle of the Westmead placement, as our landlord decided to move back into her house.

Susan Morris—Bachelor of Nursing—University of Newcastle
Sponsoring Rotary Club—Tamworth West

Last semester I enrolled in five subjects so I could start my placement in second semester as to finish my degree at the end of 2009. As I had enrolled in five subjects this meant that I had over enrolled. Over enrolling plus other commitments did have an effect on my overall performance in all subjects, but despite this I did pass all of my subjects where in three I had received credits.

During the semester I had been asked to put in an application for the yearly Indigenous winter school where this year a total of 150 were attending and I was asked to be a supervisor for ATSI (Aboriginal and Torres Strait Islander Studies) which is my Arts major. I was also asked to come along to a program that Nura Gili (Indigenous Programs Unit at UNSW) and ARC (UNSW Student Union) which is a program I've been involved with since its start. For a week we go out to an old Aboriginal Mission which is now a small community outside of Wellington NSW and do work such as putting up new playground equipment and making a fire break.

Andrew Green—Bachelor of Social Work—University of New South Wales
Sponsored by PDG Harry Pickett, Rotary Club of Burwood

As a result of family circumstances I had to relocate to Newcastle this year, I found it rather challenging moving to a new place, new university and continuing my nursing studies. However, I have successfully completed another semester and have just begun my third year subjects this semester. My favourite component of the nursing program would have to be the practical component without a doubt. It allows me the opportunity to practice the theory and knowledge I have obtained from the program. The practical component also provides a high level of motivation for myself, as I can see the end result, graduating from my bachelor of nursing and becoming a registered nurse.



For one of my practical placements this semester I selected a rural placement, as this is where my heart lies and rural nursing is what I intend on doing when I graduate next year. I completed my placement about three hours out of Newcastle in Taree, this is the rural referral hospital for the Hunter region. I gained so much knowledge and experience from this placement. A highlight of my time spent there would have to be spending a couple of days in maternity, I found this fascinating. After I have completed my Bachelor of Nursing I intend on furthering my education and completing a bachelor of midwifery. I believe to be educated in both nursing and midwifery would be extremely beneficial, whilst rural nursing.

During my mid-semester holiday I visited my sponsoring Rotary Club (Geebung) and gave a speech about my progress and the indigenous population. The club was very warming and it was wonderful to touch base with the members and really thank them for giving me this opportunity. Without the support of the Geebung Rotary club I wouldn't be where I am today, I wouldn't have successfully completed two years of nursing and be in my final year. Nursing and improving the status of the Indigenous population is my passion, I'm extremely excited to have come this far and be so close to finishing; so I can contribute to improving the health and well-being of the indigenous population in my own small way.

Courtney Bethel—Bachelor of Nursing—University of Newcastle
Sponsoring Rotary Club—Geebung

WHERE ARE THEY NOW?!

Dr Keith Gleeson—University of Newcastle—Medicine, 2003-2006

Learning his way to medicine—Article in Manning River Times (Helen Manusu)

A "FIRE in the belly" was responsible for turning Keith Gleeson's life around. After failing his HSC, the self-admitted "rebellious" teenager was kicked out of home a few times, tried a few different jobs, and at 20 decided he had to do something about his future.

Today, he is being warmly welcomed into Taree's Albert Street Medical Centre where he is a general practitioner registrar having completed his six year Bachelor of Medicine degree at Newcastle University. His three years of post graduate training will soon come to an end, after which he hopes to be working somewhere in a country community.

Forty-three-year-old Dr Gleeson was born into an Aboriginal family living in Cooma, but spent many of his childhood years at Bendoc, an extremely isolated town near the Victoria-NSW border. His Aboriginality comes from Anawan tribal families originally of the Walcha and Armidale area, although he also has links with Wingham. His great-grandmother Sarah Farrell was born in Wingham, and one of his grandfathers was born on the Walcha mission.

Growing up in Bendoc, both his mother and father worked in a local sawmill, his mother being one of the first females ever to work on a saw bench.

His father died when Keith was still at primary school. His mum is now an enrolled nurse working in palliative care and rehabilitation on the Central Coast.

Dr Gleeson admits he "did poorly" at school, and particularly at his first attempt at the HSC. He then worked as a storeman, and in a Bombala sawmill.

"At 20, I was in Bombala and could see myself having no future in this small country town.

"I came to a turning point and went back to high school in Bombala to do my HSC again."

Again he struggled, but it was the science teacher who told him "you'll never do a science degree" that put the fire in his belly.

He joined a summer fire crew in Victoria, in the former Forestry Commission, then gained an Aboriginal traineeship as a national parks ranger in Orbost for a couple of years.

He began his formal training in national parks management and gained a diploma at Dookie Agricultural College in Victoria, being one of the first 10 Aboriginal people to complete the course.

Then followed four years working in the Kinglake National Park (scene of some of the recent bushfires). There he met his wife, Marianne, who now works in Taree as a disabilities service officer at the Dundaloo Foundation for people with intellectual disabilities.

The couple moved to New South Wales and for a time Keith worked as an Aboriginal ranger for the National Parks and Wildlife Service at Gosford.

He then completed a degree in parks and heritage at Charles Sturt University in Albury, leaving the parks service over what he calls "a culture conflict".

He spent three years as chairperson of the Darkinjung Local Aboriginal Land Council on the Central Coast and for two years was the Aboriginal representative on the Hunter New England Area Health Service board.

"After National Parks, I went to Newcastle University with the idea of doing a masters PhD in environmental sciences," he says.

Instead, he joined the Faculty of Health and studied an intensive course while living on the Central Coast and commuting backwards and forwards to Newcastle - all the time while his children were small.

"I was away from the family for a year," he says, but he is the first to admit it has all paid off. I'm still in training, and it will be another couple of years before I'm a fully qualified GP. I'm keen to stay in the field of rural health, but whether or not it will be in Taree remains to be seen."

In the meantime, Keith, Marianne and their children - son Cohen, 14, and daughter Kira, 11 - are loving living in Wingham. "It's a hidden treasure," he says. The children attend Taree Christian College at Kolodong, and Keith finds time at weekends to shoot with the Wingham Rifle Club. He describes his job at the Albert Street Medical Centre as "marvellous" and he loves the interaction with the principals, the staff and the patients.

Being part of a busy country practice, Dr Gleeson believes, teaches young doctors better time management and how to better use available resources - particularly medical specialists.

"By and large, it's crisis medicine," he says, and he has made it his mission to approach Federal member for Lyne Rob Oakeshott for discussions on some of the "bigger issues" faced by the medical profession in rural and regional areas.

"The training of medical staff is very important, and although we are seeing an increase in students we still have a lack of resources. Training issues are very complex and need change," he says.

On this issue, Dr Gleeson admits he once thought about entering politics, but chose medicine instead. He thinks now it was a good choice.

He has certainly proved wrong that teacher from his high school days who warned him never to attempt a science degree.



WHERE ARE THEY NOW?!

Indigenous Speech Pathologist Keona Wilson graduated from Sydney University in 2008 with a Bachelor of Applied Science majoring in Speech Pathology. In her final year of studies, Keona received an Australian Rotary Health Indigenous Health Scholarship where she was sponsored by the Rotary Club of Sydney Cove.



Post University, Keona worked at Mt Druitt Community Health for two years, Sydney Children's Hospital for 12 months before relocating to the South Coast (Kiama), commencing work at Nowra Community Health Centre in 2008.

Keona works with children from 0 – 16 years of age and their families providing communication assessments and therapy.

Keona spoke at District 9750 District Conference October 2009. Keona anticipates going back to university to study medicine.



WHERE ARE THEY NOW?!

James Charles Aboriginal heritage, from the Kaurna Tribe, which is now the area known as the Adelaide plains. James is 40 years old, married with five children 15, 14, 9, 6 and 3, all boys. He studied year 11 and 12 as an adult at Marden Senior Collage and was accepted at Adelaide University for a year before transferring to the University of South Australia, to study Podiatry.

James received an Indigenous Health Scholarship, provided by Rotary, which was a great help to finish his Bachelor of Podiatry. He then received another Indigenous Health Scholarship to finish his Masters of Podiatry with University of South Australia. James was lucky enough to go to California with the first Indigenous Group Study Exchange, which was an excellent learning experience culturally, professionally and personally.

He worked at Muna Paiendi Community Health Centre, an Aboriginal specific health centre. He is currently doing his PhD with the University of South Australia (scholarship he gained directly from the University of South Australia.)

James has spoken at many of our Rotary District Conferences over the last couple of years.

What a great achievement James!!!!

**If your club would like to help
a student become
an indigenous health worker
Scholarships value to students are
\$5,000 per year**

**\$2,500 from Rotary Clubs
and
\$2,500 from Commonwealth or
State Governments**



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