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NATIONAL RURAL HEALTH ALLIANCE INC

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*PETER CAHILL:*

*Facilitator: Sue McAlpin*

**SUE McALPIN:** Our final speaker is Peter Cahill, who is the Area Director of Tablelands, Cape York and Torres Strait Area. We're looking at a different perspective on remote health. I heard Peter speak a month ago and was really impressed with an area of remote health that perhaps had slipped by my radar, and I felt that what he had to say would make an excellent contribution to our seminar today, and I'm sure it will. And Peter was instrumental in the establishment of Aboriginal Field Officers and Community First responder groups in the remote communities of Cape York and Torres Strait. And so we're going to hear more about what Peter has been doing in that area and the issues that relate to that particular area of Australia - and quite distinct populations and quite a distinct and different geography from what we've heard about thus far. So, thank you, Peter.

**PETER CAHILL:** Thanks very much, Sue, and also my heartfelt thanks to the National Rural Health Alliance for giving me the opportunity to come here today. As Sue introduced me, my name is Peter Cahill. I'm the Area Director for Cape York and Torres Strait and the Tablelands for the Queensland Ambulance Service. I'm based in Cairns. However, I spend the majority of my time up in Cape York and in the Torres Strait working on what I'm about to show you.

So today I just want to give you a quick overview of the Queensland Ambulance Service, and



what we are as an organisation and our strategic commitment to enhancing service delivery to rural and remote communities and areas that we do. I'll also give a bit of a geography lesson on the geographical context of Cape York and Torres Strait, and I'll provide some statistics of indigenous people living in these areas.

Then I'll move into what have we done as an organisation about this. I'll talk about the enhancing of the capacity reports. We've published two studies into our service delivery plans in these areas. And then I want to do a bit of a comparison about a traditional paramedic's role and responsibilities, and compare it with the position of a field officer that we have in Cape York and Torres Strait.

Then I'll move onto our first responder program, which is just another way of delivering our services to these communities. And then I'll just talk about how we formed one in the St Pauls community, which is on an island up in the Torres, and the challenges with that, where we're going with that and some ongoing health issues and opportunity that we have up there.

So, the Queensland Ambulance Service. We're really more than an emergency service. Our mission is excellence and innovation in emergency medical services. So it's a fairly broad mission for us. We are a division of the Department of Emergency Services in Queensland, part of Queensland government, and that includes the Queensland Fire and Rescue Service, and the Counter Disaster and Rescue Service, which is things such as the State Emergency Services, Surf Life Saving, Volunteer Marine Rescue and such.

We provide our services from 270 locations across Queensland. We have a fleet of greater than 860 operational vehicles, and we're divided across the state into seven operational regions. Last year we responded to greater than 650,000 cases. So every 90 seconds in Queensland someone is calling for an ambulance. We have a budget of approximately a bit under \$280 million. And we're an organisation that is pretty lucky that we have a 97 per cent client satisfaction rate, which we're pretty proud of that actually.

So what's our strategic commitment to rural and remote service delivery? As part of our plan we have two particular key result areas that relate to enhancing service delivery, and they are enhancing our operational service delivery and enhancing community safety and the prevention capability, and there is a couple of strategies listed under that. So, moving into our far northern region, which is there highlighted in the dark, it's 268,000 odd kilometres.



We've got a population of approximately 230,00 people. We have 188 operational positions. We have about 30 volunteers, 26 ambulance stations, four field officers and three first responder groups in our region.

Just a bit of a map of Cape York there. And we also have our traditional ambulance services in Cooktown and in Weipa, which is a bit north of Napranum on the Western Cape, plus we also have another traditional ambulance service in Bamago at the top of Cape York there. Just some summaries of Cape York. It's about 137,000 square kilometres with a population of about 18,000 in there. Indigenous population is about 9000 plus. Communities are nine, and homelands are in excess of 100.

In 2003 the Cape York Health Council did a well person's health check, and they got about 910 people to respond to that survey. So there's some statistics there and, going on what Colleen said earlier about indigenous health, it's quite alarming. Twenty-three per cent of young people less than 35 have a STI. Approximately 15 per cent of adults have diabetes, with 25 per cent of adults that have early kidney disease. Greater than 50 per cent of adults do not eat enough fruit and vegetables to stay healthy. And 67 per cent of adults smoke tobacco, compared with 25 per cent nationally. So they're quite alarming.

From that survey, the major community health issues that were identified included: alcohol abuse; poor diet and the cost of fresh food, and after Roy speaking earlier I can certainly vouch for that; lack of environmental health education; the need for greater access to doctors; the availability of birthing centres. And finally the last one, suicides have increased four fold during the period of 1990 to 1997 for indigenous people in far north Queensland.

Torres Strait, again it's a different area and if I can just use this. The main, Thursday Island is basically there, it's quite small. It's got a population of about 5000 people and the airport is on Horn Island. So all this area here is all Australian territory. Queensland is quite unique in the fact we have an open border with another country, being Papua New Guinea and the border being along there. So I'll talk a little bit more later on about the cross-border health issues that we've currently got going up there. And these islands are just inside the border

So, I mean, if you want to talk about how to get to an open border what does it mean? I mean you can jump on a plane from Cairns and fly to Horn Island in just under two hours. We can then put you on a plane at Horn Island fly you out to Saibai Island, which takes a bit over an



hour, an hour and a bit - it depends on the size of the plane, and from Saibai Island to put you across to PNG mainland. We can have you over there in about 20 minutes and there is really no one to stop you. You can come and go as you please. There's a treaty between Australia and Papua New Guinea in relation to movements through that area, but it's not hard to get to. It's quite easily accessible.

So what does it actually look like? I was up on Saibai Island last week and there's a photo there, so that's the island and the air strip - it's a bit hard to see. But there's the PNG mainland right there. So it's a passage of water about four kilometres wide. And as you can see, there's nothing there, nothing there to stop you, nothing at all.

So just some statistics about the Torres Strait. It's quite small in size. As you can see, about 1800 square kilometres and population, indigenous population. And as you can see the health issues with Torres Strait Islanders are markedly different compared to Aboriginals in Cape York. And the one that stands out which is quite scary is that four out of five people are overweight or obese, with a BMI of greater than 25. Fifty-four per cent of them are smokers, 23 per cent of young have high blood pressure, 39 per cent of the population over 35 years old have diabetes, and 16 per cent of participants were found to be positive of an STI. So the main health problems in the Torres Strait are arising from poor nutrition, lack of exercise, leading to obesity, combined with smoking, leads to diabetes, heart disease, kidney problems, you know, the list goes on.

So what have we done about it as an organisation? Some time ago, we commissioned two studies which we called the Enhancing the Capacity reports, so obviously the one on the left is about Cape York Peninsula; on the right is the Torres Strait Islander communities. These have given us as an organisation a service delivery plan on how we're going to deliver our services, quite differently from traditional ambulance services. Cape York, we developed a service plan following recommendations from a previous study and it was obvious from our local visits up there that we needed to expand our services as an organisation, and we had an obligation to do some things.

So when we developed it, we were quite mindful of the diverse nature of Cape York, which it is. There's a large number of scattered communities and associated homelands with them. There's very limited infrastructure and logistical difficulties for service delivery, arising from demographic and topographic/climatic factors, significant levels of illness and other health



problems, as I've just shown you, and there's a high level of remoteness and location and isolation. We're also very mindful of the need to respect the relevant cultures and the clans and the desire, by the communities, for community driven and sustainable solutions to their health care needs.

So the recommendations that came out of that was that we establish field officer positions Coen, Kowanyama and Cooktown to service those communities in Cape York; that we develop a service delivery framework and including support and community education from our existing stations up there; we develop a service delivery reference group, with members of the communities, Queensland Health, the Royal Flying Doctor Service and ourselves; we investigate funding sources to resource homelands for the provision of pre-hospital care resources such as first aid equipment, basic life support and advanced life support training and that we look at additional consultations in the Torres Strait where it appears that similar pre-hospital care issues do exist. I'm proud to say that we've actually achieved all those things and it's taken us about four and a half years to do that.

The Torres Strait Island communities. Again, a bit different. We focused on the reduction of injuries and poisons and the reduction of excess deaths and the concept was a bit different, we were trying to develop a model for the provision of training and support to the island communities in preventing and responding to injuries and health care emergencies. So, once again, we are very mindful to ensure that it was culturally appropriate that we build on and we reflected some better practices. We wanted to make sure we integrated with existing health services up there, which is Queensland Health, and try and look at addressing some of the logistical difficulties providing services up there. Obviously, there's some differences up there.

In that 1800 square kilometres that I spoke about earlier, about 95 per cent of that is water. So when you combine that with the things I've got listed there, which is a lack of stretcher and emergency vehicle capabilities on those communities, the problems with the use of 000, the national emergency number, stress on nurses and health workers, there was a lack of adequate emergency health care equipment, a lack of an affordable public transport system. In the Torres Strait, there's no regular ferry services from the outer islands back to Thursday Island or Horn Island. There's a regular flight service, however, that's quite expensive. To fly from Saibai Island to Horn Island will set you back about \$700 return, and obviously, a lack of transportation of sick and injured people in the communities.



So what were the recommendations out of that one? We established a field officer position in the Torres Strait to work with the outer island communities, to provide effective pre-hospital care responses; that we work towards equipping the outer island communities to do that; and we work with them and identify community members who to prepare them for employment with ourselves and also the Department of Emergency Services; and that we need to work together with the other agencies to address the unmet pre-hospital care needs which, as you've seen before, are quite substantial. We're going to continue to do that and we will ensure that it's obviously community focused and accountable and it needs to be of a high quality and obviously culturally appropriate for the area.

There's a couple of shots of what most people in Australia see as a traditional paramedic. The car rocketing down the street, lights and sirens, a million miles an hour, the paramedic in the back of the car with the patient – it's a reactive way of doing business. It doesn't focus on, it doesn't look at, the upstream end of health care or health promotion. It just talks about someone has an accident, someone injures themselves, someone has a heart attack, we come in and we do this. So their roles and responsibilities are quite simple. They provide a high standard of pre-hospital emergency patient care and provision of ambulance transport services and they're listed there. That's what a traditional paramedic does and there is a role for that obviously, in there, right across the country. In Cape York and Torres Straits, it's just a little bit different.

So here's a couple of photos of our field officers. Klein [sp?] Underwood is our field officer in Cooktown and Rod Muller is our field officer in Coen, which is smack-bang in the middle of Cape York. Just by those photos alone, you can see their roles are somewhat different too, to a traditional paramedic. So they are qualified paramedics, however, I really want to point out, they do not perform frontline emergency care work. Their role is quite clear, they're to work with indigenous communities to increase the capacity of the community members to respond effectively to health care emergencies. They assist communities to establish or further develop effective arrangement, pre-hospital care and they do that working with the councils and the primary health care services and providing training, etcetera.

The other way we're delivering our services up there is through our first responder program and basically our purpose there is to have at the scene of a medical or emergency incident, within prescribed communities, a person or persons providing basic life support until the



arrival of professional assistance. So our first responders are authorised to practice within an advanced first aid scope and they hold basic life support qualifications. They can administer oxygen. They can also defibrillate patients through an automatic defibrillator. Our establishment criteria is quite clear. We need to have rural and/or remote communities, limited or no normal station presence, traditional station presence, and the bottom there, the main one, is we need to have community sustainable and capability to actually do these things.

So St Pauls was one of the ones that we formed initially and, as you can see just by the arrow there, it's one of the islands in the Torres Strait. It's on Moa Island, which has an Aboriginal community on one side at Kubin and St Pauls, which is a Torres Strait Islander community on the other side. So obviously what were the challenges with establishing that? Access, of course. You know, we have to charter planes to get all our gear out there and do that and put our staff on board from Thursday Island to train these people; so quite expensive. Cultural issues as well.

Communication difficulties. In the Torres Strait, the main language up there is Creole with different dialects throughout that, and I don't know whether you can see that too well, but that's the sign at the airport at Moa Island. If you can kind of read it, it's actually got a combination of English, Pidgin and Creole, so I think that was the sign - that picture sort of sums up the issues that we have and trying to communicate and do the training with the people up there.

The ongoing challenge for us is obviously the access issues with it, the funding for the ongoing training and development. It's quite expensive to do the services up there. And the final one there is staff commitment. We have a process in Queensland where our staff go to these remote places on a two year contract and then they return to basically their place of origin. So the downside of that is, we have a high turnover of people every couple of years, so it's quite tricky for us to maintain that commitment for these people, our staff to go out and keep training these people and keep them enthused.

Over the next couple of years, we're expanding our first responder groups because we've found that with the community's capability, it's a very good program. The people are feeling very accountable for their own health care and with the training and the equipment that we deliver them, it's quite an exciting thing for us to do. So we're expanding into Pormpuraaw



this year and Badu Island and Warraber this year as well, with Yem Island in the Torres Strait, to follow the year after.

We've got some ongoing challenges up there in health issues, but the first paragraph there is basically our vision for the far northern region for Queensland Ambulance Services. We want to continue to work with communities and the other agencies to ensure our service delivery models not only meet the needs of the communities, but they're able to make a contribution to an improvement in health care. I mean, that stands to reason, obviously.

Cape York, chronic disease management and its ongoing effects, it's quite a big issue. Access to definitive health care will always be a problem. Seasonal variations, the wet season is just starting to kick in up now, so we can't drive to Pormpuraaw or Kowanyama any more, it's now all done by flight. The introduction of alcohol management plans through the communities of Cape York, it's been quite a challenge and it was a bit of a bold step by our state government, but overall it seems to have worked.

Torres Strait, as I showed you before, cross-border health issues. You've got an open border with PNG; we're going to have some issues. The current one at the moment is the importation of HIV into the Torres Strait from PNG provinces. There is a very, very high level of HIV infection in PNG and it will only be a matter of time before it starts transmitting through the Torres Strait. We've got increasing incidents of vector born disease up there, including Dengue fever, Japanese Encephalitis and malaria. From personal experience, I've had Dengue fever three times and hospitalized twice, just from my travels up there, so occupational hazard.

We have raising outbreaks of tuberculosis in the region. One that's a little bit strange but it actually is occurring, is we have increasing rates of insulin dependent diabetes mellitus type 2, in children less than 15 years old. Most of you from a health and medical background know that type 2 diabetes usually affects people that are older and larger and comes on late in life. However, up there it's the complete opposite. It's coming on in kids younger than 15, so what does that mean with the chronic disease? As you know, it's not now, it's the ongoing treatment and management that governments will have to fund to maintain it.

Access to definitive health care again will always be the problem and emergency ground transport to the communities. These communities currently don't have any ambulance



vehicles to transport their people, however, we've actually sought some funding now and we're progressing that, the Queensland Ambulance Service are progressing that with the local councils up there.

Some of our opportunities, and we feel that this is a good chance for us to move ahead and to start looking at what else can we do, what else can we possibly do as an ambulance service. So we're looking to explore research opportunities with the Australian Centre for Pre-Hospital Research, which is one of our own, it comes under the QAS banner, and also other institutions about our achievements with the communities.

We'll be expanding our field officers' roles and really focusing on health promotion and chronic disease detection, in partnership with Queensland Health. We're going to expand our first responder groups to enhance the community's capacity to respond. The other thing is, we're also expanding paramedic's scope of practices existing in QAS station to reduce gaps in primary health care delivery.

In our traditional ambulance stations, we have very highly trained intensive care and advanced care paramedics that can administer a wide range of drugs and do a wide range of medical procedures, however their work loads are very light. I've got a station in Cape York where they haven't done a job in 18 days. So it stands to reason, from our perspective, that if you've got trained pre-hospital care people in a community that has a light workload and a high level of skills, it makes sense to bring them over and do some primary health care delivery. To not do that, it's a waste. It's a professional development for our staff and it's also benefiting the health care of the community as well.

The other thing that's going on up there at the moment is Cape York Health Reform. So the Cape York Institute for Policy and Leadership, as well as Queensland Health, is moving towards some community controlled health organisations up there. After seeing the discussion earlier today, it looks quite exciting for us. So that's it from me. If there are any other questions, I'm happy to take them.