



**The Cygnet Association (Inc)**

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**Legislative Council Sessional Committee Government  
Rural Health Services Inquiry**

The Cygnet Association (Inc) is pleased to have the opportunity to comment on this important inquiry.

The Cygnet Association (Inc) is an independent organisation that was formed in 2014 when Huon Valley Council disbanded all of its formal township subcommittees.

Our primary objective is to "help make Cygnet a better place to live, work and visit".

### **About Cygnet**

Cygnet is a rural town though the township is rapidly becoming urbanised, with at least 700 new dwellings predicted in the next 15 years (SGS Planning and Economics report 2020). This equates to a probable 2000+ increase in the population of Cygnet (1556 at 2016 census) more than doubling it. So far, many of the prerequisite critical infrastructure and service development needs have been ignored in the planning process.

Also, Cygnet is now a mix of rural and urban. It is made up of small farms largely cattle and fruit farms, coastal areas and commercial developments. Overall, it is challenged by population growth, demographic change and by climate change which will further impact on local health services.

Therefore, the Cygnet Association makes the following points towards the Government's inquiry:

### **1Health outcomes**

Tasmanians currently experience some of the worst population health outcomes in the country, with high rates of chronic disease and health risk factors like smoking, obesity, poor nutrition, low physical activity levels, and risky alcohol consumption.<sup>1,2</sup>

Much of this health experience is due to health inequities, which are preventable differences in health among groups in the population that result from inequalities in society.

Tasmania's relative social position, reflected by measures such as Socio-Economic Indexes for Areas (SEIFA)<sup>4</sup>, is a strong health predictor together with other factors such as gender, disability and cultural and linguistic background.

Throughout Tasmania, more socially disadvantaged groups experience more adverse health risk factors and higher rates of disease and avoidable death than more advantaged groups. Similar gradients in the prevalence of chronic diseases are evident for educational

attainment, with a higher prevalence of chronic diseases among Tasmanians whose highest educational attainment was Year 10 or less compared with those with a university degree. These differences correlate with health literacy

For Aboriginal and Torres Strait Islander populations, cultural connectedness, colonisation and racism also have had a powerfully detrimental effect on physical and mental health and social and emotional well-being.

### **Services reported to be inadequate now, and of future concern**

For most rural areas, it is often difficult to access primary health care (GP and allied services) and hospital services, though there is a fail-safe mechanism for crises. Most complaints are about the inadequacy of mental health services. The Royal Australian and New Zealand College of Psychiatry is about to make a submission to the Tasmanian Government, highlighting the inadequacy of mental health services in the state and making specific recommendations for their improvement.

Ambulance response and other health transportation are often reported as inadequate. Some residents complain of slow ambulance response to medical emergencies at home. Attendance at accidents can often be multiple ambulances, seeming to be an uncoordinated response and removing emergency responders from other crises.

Inadequacies are probably due to population growth, demographic change and the failure to create mechanism to improve these.

Other threats are due to COVID-19 recently, vaccination against this and increasing vaccination programs generally, climate change long term, including the health aspects of unpredictable weather, floods, droughts, heatwaves and bush fires, experienced in much of Australia and Tasmania over recent years, changes in infectious diseases, especially insect-borne diseases and zoonoses, putting more pressure on health services. Health effects of climate change cause great anxiety and other psychological stress for many.

### **Recommendations**

This inquiry should start by reviewing progress with the Tasmanian Government's strategic plan 2016.<sup>2</sup> This recognised the significant health problems of Tasmania and promised to make it the healthiest Australian state.

Data should be available on the key indicator conditions and health services by local authority, including:

- Smoking (including smoking in pregnancy)
- Obesity
- Alcohol consumption
- Physical activity
- Road traffic accidents
- Health consultation rates
- Ambulance call-outs
- Hospital emergency attendances.

From current available health service data, the number of GPs<sup>5</sup> and hospital beds per 1000 population<sup>6</sup> are at about the mean for Australia. However, there would seem to be

persistent problems in staffing of practices, clinics and hospitals. For example, in the Huon Valley area, it often takes 2 to 3 weeks to get a GP appointment. It also seems that health literacy of the population (need for better health education and behaviour) and the distribution of services are problems.

The solutions to rural health services are likely to be education and disease prevention at population level as well as redistribution of some health resources.

#### Suggestions:

- Explore accessibility to services by carrying out population surveys
- Use health morbidity and mortality data to update the health profiles of rural populations
- Consider incentives to medical health staff (generalist and specialist) to serve areas where there is a demonstrated need.
- Consider out-of-hours GP clinics, eg in Hospital Emergency Departments, large pharmacies, supermarkets.
- Create triage facilities in rural areas (such as Cygnet) where patients can be assessed and, when possible, treated without the need for them to be transported to emergency departments in the major centres.
- Consider developing polyclinics to include primary care, allied healthcare and specialist services, in rural areas
- Ensure adequate services for an increasing and ageing population before granting planning permission for further development
- Encourage valuable preventative activities such as walking, yoga, qigong/taichi and similar. Prevention is so much better (and less costly) than cure.
- Improve ambulance/emergency response communication to avoid multiple incident responses
- Improve transportation to clinics and hospitals in more remote rural areas as well as the air ambulance service
- Learn from elsewhere to improve the paramedic first response – eg properly equipped motorbike paramedics with adequate communication
- Reconfigure ambulance services eg combined ambulances services with integrated communication.

#### References

- 1 The State of the Public Health 2018.  
[https://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0004/375025/The\\_State\\_of\\_Public\\_Health\\_Tasmania\\_2018\\_v10.pdf](https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0004/375025/The_State_of_Public_Health_Tasmania_2018_v10.pdf)
- 2 Healthy Tasmania. Five year Strategic Plan 2016. <https://nla.gov.au/nla.obj-1382452937/view>
- 3 National Health Survey: State and territory findings 2017-18.  
<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-state-and-territory-findings/latest-release>
- 4 Socio-economic indexes for areas.  
<https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>
- 5 Number of general practitioners in Australia in 2018 by state and territory.  
<https://www.statista.com/statistics/1092241/australia-number-of-gps-by-state-and-territory/>

**6** Public hospital bed density across Australia as of June 2018, by state and territory (*per 1,000 population*). <https://www.statista.com/statistics/979681/australia-density-of-public-hospital-beds-by-state/>

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