Taking Care transcript

A glimpse of healthcare in our rural and remote communities

Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.

Tash Miles: Welcome to *Taking care*, a podcast of Ahpra and the National Boards. I am Tash Miles and today we are talking to health practitioners who work in rural and remote areas. It is an important and unique part of the Australian health landscape and in this episode we have a glimpse in to the life of health practitioners who work, and sometimes live, in rural and remote communities and a quick note to say that this podcast was recorded in June 2020 within the COVID 19 pandemic so it is not strictly business as usual for our guests and speaking of, here they are. Let's meet our guests, pharmacist Hannah Mann, podiatrist Amy Nelson and optometrist Lauren Hutchinson.

Amy Nelson: I am Amy Nelson. I am a Podiatrist from here in Perth for the last sixteen years or so predominately here and in private practice setting. I had the opportunity last year to volunteer in North East Arnhem land as an outreach podiatrist, which was incredible. Following that, I had the opportunity to take on an ongoing role up there with Lane of Blue Health. Usually what should happen, if it is not within the COVID time, is that I would travel up there four to five times a year for a week at a time.

Hannah Mann: I am Hannah and I am a pharmacist also from WA. I am based in Broome but I travel throughout the Kimberley region visiting Aboriginal Health Services and towns and community pharmacies. I'm providing medication education and pharmacy support to mainly Aboriginal people across the whole region, which is interesting. I have been here since I graduated university so my whole pharmacy career now has been in the Kimberley. I am incredibly passionate about student placements in rural practice: if I hadn't come on a placement I would never have thought to come and work in a rural area.

Lauren Hutchinson: I am Lauren and I am a proud Murrawurri woman with strong connections to the Wiradjuri people. I am currently an optometrist living and practicing on Wiradjuri country in Forbes NSW.

Tash Miles: Have there been any surprises about working in the rural settings for you, Amy?

Amy Nelson: Yes, definitely. I think there has been a pretty steep learning curve and one of the things I was really surprised about overall that aged care packages and assistance begin at 55 years old in the communities. I just think that is not old, that is not aged care as I know it. There are a lot of really complex, chronic health conditions and situations and people dealing with, not only their own health, but also they may be looking after other family members, children, grandchildren. There is this whole network of chronic health conditions that have to be taken in to account.

Tash Miles: Hannah, what are some of the differences in working rurally compared to metropolitan areas?

Hannah Mann: What's kind of different for pharmacy in rural areas is the community relationships you have. The whole community is your patient and you have these amazing relationships with community members who trust and rely on you so much. I feel like, if you are in any metro area, that is limited quite often to a percentage of your patients who you have the kind of relationship with. Whereas in rural areas you sort of get to have that with everyone that walks in the door which is really nice. Like Amy, I do a lot of work in remote Aboriginal health services. I think what surprised me when I came up here… we talk a lot about the burden of chronic disease and Closing the Gap and issues around Aboriginal health but when you actually see it, when you actually see people in their thirties on dialysis because of renal disease and the rates of diabetes and people dying of what is preventable complications of chronic disease where in

the city there would be no issue, in rural Australia, even if you are not aAboriginal or a Torres Strait Islander your life expectancy is shorter. Even if you are not an Aboriginal person, just because you live in a rural area, you don't even have to have the complexities of chronic disease to have a life expectancy. It is that access to services and you know what, it still surprises me, and I think that's good that it surprises me still. That I am still shocked at some of the things that happen in healthcare in a rural area, where you think in the metro area this would just never happen, it would be just unacceptable.

Tash Miles: Yes, we absolutely should be shocked and work towards change, which you are doing. Hannah, I am sure every day is different for you, but could you take us through what a day might be like?

Hannah Mann: COVID has turned things upside down for us as well. Pre-COVID I would travel every week to different Aboriginal Health Services to remote communities and things like that. I would sort of have this three-week driving cycle of about three thousand kilometres stopping at different towns and communities. Then I would come back to home base in Broome for a few days, and then start the process again. COVID grounded me in Broome for six weeks, normally I would be travelling but at the moment I am doing town-based. I am in Derby today, so this morning I am at the pharmacy in Derby for a little while and then I go and work in the Aboriginal Health Service. I have got another pharmacist with me from Broome. She is currently at the dialysis unit and we go where we are needed and where people need us the most. A lot of our stuff is around patient education and working with Aboriginal Health Services, working with Aboriginal Health Workers a lot. A lot of our work is done with Aboriginal Health Practitioners: they are the real linchpin for us with medication education. If we didn't have them on the other side, our job would be so difficult. Because just knowing where patients are, knowing where people live, knowing why people are not coming to the clinic, why people are not engaging, that real community knowledge, cultural knowledge which helps us do our job. When we first started doing a lot of pharmacy stuff and what we call 'Medicine talks,' which is just sitting down and unpacking what medications are for, what your tablets are for, how they work, when do you want to take them and putting some control and some ownership back to patients around making some decisions themselves around the medicines that they take. That always requires a few follow-ups, like we don't want to just have that conversation once and then walk away. It is something that needs to happen on a semi-regular basis. So every day is completely different and it just depends on where you are going. Some days I will work in clinics and I will finish at the end of the day and I will think, 'I don't know if I was a pharmacist today, I don't know if the work I did was a pharmacist's work,' do you know what I mean? Because it's education, it's support, it's advocacy, it's a whole heap of other things where you think you know what, we are not just pharmacists in rural and remote.

Tash Miles: Definitely. You are people and members of the community. Amy, what might a day be like for you?

Amy Nelson: My week, when I am up there doing the outreach clinics, involves a lot of travel as well. With a lot of kilometres on bumpy corrugated tracks out to communities. On a daily basis the health team is based in Yirrkala which is about 20 minutes drive out of Nhulunbuy or Gove. So we would start there first thing, pack everything, any supplies that we might need, or think we might need. Everything has got to be almost like a mobile clinic that needs to go out to the community. We drive out and usually a day trip would involve two hours each way in driving. If it is longer than that – we have a couple of communities that are further away – if it's more like a three-hour drive, we will camp out overnight and stay at that community and run the clinic the next day, and then head on back. When we arrive at the community, we unpack, set up. And again, like Hannah mentioned, liaising with the Aboriginal Health Worker is such an important aspect because they will let us know whose is there, whose is not there. Like she said also, you know if it is appropriate to go and see someone. If we can go to their house or wait for them to come to the clinic. You never know what the day will hold, how many people you will see, if there is going to be a lot of people at the community, if there might be hardly anyone because they may have gone to another community for a cultural event or ceremony or you could be inundated with everyone from a whole heap of different communities. It really does require adapting to the situation and to where you are and to who you are seeing. And then, once you are done, and you have moved through as much as possible, it's packing the troupe again and heading back out to the road. Usually aim to be back in the clinic by about 4 o'clock. Then unpacking your supplies and restocking and resetting for the next day. So, four days of the week you are out on the road and then the Friday we have in the office for meetings, follow ups and seeing patients that may be based in Yirrkala or Nhulunbuy, and then I head home on the weekend back to Perth.

Tash Miles: Lauren, I know your days can vary depending on where you are working.

Lauren Hutchinson: Yes, my primary place of practice is in Forbes and also doing a day a month, or I was doing a day a month before COVID hit, in Orange at the Aboriginal Medical Service there. That is through the Brien Holden Foundation that I do that. It's very different, it's a lot more health-based. We still do glasses and things like that, but I do work closely with the Aboriginal Health Workers at the Medical service there. That is fantastic because I can get at bit more of a background on the patients, like holistic health. Working in Indigenous health is working holistically, so we work very closely with the GPs typically. It just happened to work out that I am usually there at the same time as visiting dietician is there so a lot of the diabetic patients that I am seeing. They are seeing me and the dietician at the same time. It is really good, she is just across the hall and so collaborating things that way. The AHW has an amazing relationship with the community and it is so amazing to be able to like get a bit more information from them. They just know the community, so they will give me a run down and like, "Oh Margie is coming in in the morning and I will make sure she has got a cup of tea before she comes in to see you." It is amazing working in that sort of environment. Aboriginal Health Workers are just so, so amazing at their jobs.

Tash Miles: Hannah, you kind of spoke about the fact that you are a person and a member of the community, and not just a pharmacist. I was wondering if you could talk about some of the most rewarding parts of that job and what it means to you?

Hannah Mann: When something happens in the pharmacy it can involve the whole community getting really excited about things. If we win an award or we do something then it's like the whole community has done that which I think is amazing. We have a sense of ownership over stuff. I think with my remote clinic work, a big part of it is being able to spend time with the Elders who just have the most incredible stories and share knowledge. So amazingly lucky to have the opportunity to work with communities on bush medicine projects. For a pharmacist to be able to work on bush medicine projects is like a dream come true to most people. It is an exceptional experience. I think that is probably one of the highlights of what I do is being able to be exposed to those sorts of – cultural experiences is not the right word I am looking for – but that kind of insight in to remote communities and into Aboriginal culture is just amazing. That is probably one of my favourite things, and just creating our little pharmacy families.

Tash Miles: Could you talk about what the bush medicine involves or an example of what you might do?

Hannah Mann: My role is mainly support, co-ordination, cooking and also last time I went, cutting hair. Just supporting the Elders in what they are trying to do and what they are trying to achieve and at the same time sort of being mindful around making sure that we support them in good record keeping of what it is that they have done. Last time I was in this community we needed a couple of different ointments so one that is for people who are cold sick so people who have colds or flus and another one that was more for a sting, rashes and bites. Then we made some bush tea. The great thing about that community is that the Aboriginal Health Service supports the program. Then the bush medicine is available free for patients at the clinic. It sort of incorporates the cultural health in with Western health in such a beautiful way. People can come in, they can see a doctor, they can get some bush medicine at the same time, they can see an Aboriginal Health Worker and have that mixed experience of improved holistic health care.

Tash Miles: Lauren, for you what is the most rewarding part about working rurally?

Lauren Hutchinson: I think it's getting to know your patients and then seeing them out and about. You will see someone and then the next week you will see them down at the supermarket and they are wearing the brand new glasses you got them and just having a chat about how they are going. Being able to see people more than just that two yearly check-up or one yearly check-up, and seeing people out in the community and being able to check in – "how's it going, how is the family?"

Tash Miles: Fantastic. Amy, could you talk a bit about some of the highlights of your role?

Amy Nelson: A couple of experiences that were highlights for me were on my first visit. The final day that we did the outreach clinic we went to a little community and they had a big ceremony there. The community was just full of people just camping everywhere. There were camp fires and I got to see a whole lot of patients, people were telling me stories and telling me about their lives and their own communities and their family ties which I love hearing about. In the background there is this ceremony going on and you could hear the clapping sticks and you could hear the didgeridoo and it was an incredible experience and certainly a highlight for me. The last time I was there I was able to get a pair of custom made shoes to a lady in her community that had been suffering from pain in her feet, horrific pain for like five years. When I was there in November we measured her up for some shoes, we had this pair of shoes made and I saw her in February and I had the shoes with me and she opened the box and in a very

reserved way, but her face just sort of lit up and she couldn't believe these shoes were for her. She put them on and they fit like a glove and she just looked so happy, so delighted and the look on her face. I thought, that is worth a week's work and more to just see her feeling better and feeling happy.

Tash Miles: That is really heart-warming. Now, we take the highs with the lows, I wonder if you could talk about some of the challenges that you face Amy working with in programs?

Amy Nelson: The language barrier I think is one of the biggest challenges. It's difficult to communicate in a language that is not your own. If people are trying to learn about their health and you know English might be certainly not their first language, it may be the fourth or it maybe the fifth language that people speak. To try and take on information in that environment is very difficult so I am trying to learn some language. The heat and humidity is something that is quite challenging for me. You might be in a clinic or in a community setting where there is no power so there are no fans, no air-con. You are conducting a clinic out on a veranda or under a tree somewhere so it is very different to the normal clinical setting.

Tash Miles: And how about you, Hannah, what are some of the challenges you face?

Hannah Mann: The things that I have found challenging over the years has been the decisions that some patients make about their health because of access. Resulting in them unfortunately potentially passing much earlier than required because of things like not wanting to leave country and not wanting to have to relocate somewhere for dialysis. Choosing to palliate and pass in community with family. You think, if we could just get you to dialysis, and if could just get you to Perth to see some specialists, you could live a bit longer. Patients who make that choice and go, 'No, that is actually not what I want,' that as a health professional I find quite challenging because we can solve these problems. For some patients that is not the choice that they make for their family, or for themselves. I have always found challenging, particularly around renal health and patients who have not been able to access dialysis over the years and has resulted in them passing because of an access and a tyranny of distance problem as opposed to a health problem. I think the other thing that I always find challenging is the issues that we have around things like overcrowding, access to food things like that. That can be so frustrating when you are in a community and you go in to a store and you see a broccoli for $13.00 and you think, 'How is this possible?' That is the stuff that I find challenging and frustrating. That makes the days bad because you think we are all working so hard and yet with no proper housing or access to food. It almost feels like it diminishes what we do as health professionals when we are up against basic issues of housing and food and running water, and things that we all take for granted.

Tash Miles: And, Lauren, what are some of the difficulties and disadvantages that you see day to day?

Lauren Hutchinson: I see a massive farming community where I am so just those extra risks factors of UV exposure obviously come into play. Also it's that sort of hesitation of patients not wanting… like you say cataracts, and people all of a sudden think they have got this disease that's avoidable where it's just a natural part of ageing. A lot of the time I see more advanced cataracts than I typically would especially in my outreach. When we travel I will see more advanced cataracts so typically I make a list and just let whoever I am liaising with know, okay these are the patients I have flagged, what are our options in terms of getting patients to specialists appointment and things like that.

Tash Miles: And maybe you could share a nice experience that you have had recently with a patient, Lauren?

Lauren Hutchinson: One patient I did see earlier in the week he came in with just his RTA form, a typical drivers licence form. Not going to be that hectic, an old patient of mine. I have seen him every year, but this is the first time he has had his licence check that has needed to be done. He is a bit of a bushie and so I tested his eyes and he was fine and I said maybe you need to go and see your doctor too and he had no idea. His licence form was due in a few days and we did some ringing around and made his a doctors appointment and got him in. He got his licence form in on time and he came back a few days later with a box of cookies for me. I don't know, it's not even related to his eyes, but I think that was one this week that was just like, you help where you can.

Tash Miles: Hannah, we are talking here about a collision between rurality, bush medicine, western medicine, now pandemic in there. Have you seen any interesting innovations borne out of necessity in any of these contexts, any interesting stories or anecdotes that you could share?

Lauren Hutchinson: We did a project with a lot of our Aboriginal Health Services with patients and Aboriginal Health Practitioners around what language should we use. As pharmacists, we label everyone's medication with what times of day to take it. It seemed like such a simple thing, but we surveyed all of our communities and nobody was happy with what we were doing. It was actually a shocking moment for me as a health professional. I have spent ten years labelling medications in a way that a lot of my patients don't understand and basically ignore because it makes no sense. So we worked with each community on a project on what words we should use and also what symbols we should use. That was a really amazing project to work on with communities around something as basic as, if I tell you to take your medication at breakfast and dinner, what does that actually mean?

Tash Miles: Wow, that is really interesting and it makes you question the paradigms you exist in and what information you centre in your life. Amy, what would you like to see in the future for the communities you work with, your patients and your practice?

Amy Nelson: I think what I would love to see is just easier access for community members to acute care. It would be nice to not be shocked by things when you there is no power until the solar kicks in or the generator is broken. There are so many disadvantages that are faced and are heartbreaking and it would be lovely if that wasn't the case. It feels like you walk in there sometimes and you could be in a different country. It's so foreign and the standards of living are so far different to maybe a metropolitan area.

Lauren Hutchinson: For me it's just that access to care and navigating the healthcare system out here. It is not as streamlined. We try very hard and we are very good at being collaborative with who we have, but when you look at those specialist services that are hard to access, especially through the public system. A lot of the time, especially as we have just come out of a community who had a flood and then we had two years of drought and then we had the bushfires and now we have got COVID. People just don't have the resources and so often times they go without because the private system is just not accessible to them. Navigating the public system is too tedious and too hard. We do our best to try and make that work just because there is a lack of resources and funding it can be pretty hard, especially because there is a public system, but you have to go through Canberra, Sydney and it's just not an option for a lot of our patients.

Hannah Mann: What I would like to see particularly I guess in the community region is that we get to a point where we stop the terminology 'Close the Gap' is no longer a part of our conversation. There is no gap to close, that life expectancy is not a problem, that education is not a problem, that housing is not a problem, that there is no difference, there is no issues around that. We see Aboriginal and Torres Strait Islander people living full and long lives that facilitate the passing on of culture and all of these things that are so important. I think that is a very ambitious thing but I don't think it is an impossible thing and I would like to get to that point where there is no need to say Close the Gap. That is something that we should be working on as health professionals, or as a country that we achieve that. As a health professional I would like to not be needed anymore, you know what I mean. I would like Aboriginal Health Practitioners to have the knowledge and the confidence to have Medicine talk conversations with patients every time they see them. I would like local Aboriginal people working as pharmacists and nurses and doctors in their communities. Those cultural barriers are addressed in a way that means that patients can access healthcare in a culturally appropriate manner. People like me, who travel to those places are there for support absolutely and to provide education and things like that, but we are not a critical part of those patients accessing healthcare. The community members and the Aboriginal Health Practitioners can sort of do that stuff with our support but not with us there all the time.

Tash Miles: Thank you Hannah, Amy and Lauren, firstly for the work that you do and also for being part of this conversation. It is an ongoing and an important one. That's it for our episode today, thank you for listening and for more information and for transcripts of our podcast episodes please visit www.ahpra.gov.au and search for podcasts. We would like to encourage you to share our podcast and subscribe by searching for 'Taking Care' in your podcast player. We have a growing catalogue of podcasts in our feed and we invite you to tune in to one of our past episodes while you wait for the next ones to be released soon. Take care