Women's Health Communication Needs in Rural, Regional and Remote Queensland

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EXECUTIVE SUMMARY

Access to communication for advice about health issues is vital for women who live outside the major cities, and urban and inner regional areas of Queensland. These issues require directed concern and attention. Queensland experiences and needs are shared with women in similar geographical areas in other states.

This report focusses on health, and ready access to internet health advisory support including a user-friendly source, a "problem solver" resource and a solution to access barriers related to economic disadvantage.

Women in rural, regional and remote areas (see pages 1-3)

- Women aged 25-54 years make up the largest proportion of those living in Remote (43%) and Very Remote (40%) areas of Queensland.
- 80% of lone parents are women.
- The prevalence of young mothers aged 15-19 years increases with distance from urban areas.
- Queensland women are more likely to be represented in lower-income brackets.
- Unpaid domestic labour, unpaid child care, and the provision of unpaid assistance for the frail elderly, and for those with disabilities is generally performed by women.
- Internet access is a major barrier to employment (including self-employment), education (e.g. distance education) and health support.
- In Remote and Very Remote areas, (22% and 26% respectively) people lack Internet access.
- Queensland is fifth in Australian states and territories for access, affordability and digital ability (average score of 60.9 from a possible 100.0). In 2019, more than 4 million Australians had only mobile phone access to the internet.

Women's health needs in rural, regional and remote areas (see pages 3-6)

- Gynaecological and obstetric services
- Psychological and social services
- Chronic illness management
- Baby and infant care professional support
- Professional support for unpaid carers

Health problems of Indigenous women are heavily disadvantaged by (see page 5)

- Living in the most remote areas
- Being young, first-time mothers
- Having a high rate of diabetes.

Particular communication needs of Indigenous women (see page 6)
Good communication with Indigenous women must be

- Culturally accessible
- Free of racial stereotyping
- "good talk".

Health service needs (see page 5)

- Access to nurses, pharmacists, social workers, physiotherapists and other allied health professionals.

- Access to local doctors, and particularly female and Indigenous doctors, in rural and remote areas.
- Relief from financial costs for medical care, especially if travel to medical care services is required.
- Supportive care for gynaecological cancer and other physical and mental health conditions (moderate or high level), and appropriate treatment in rural and remote locations.
- Women living with disabilities (either their own or a dependent person). Assistance to work effectively with the NDIS is urgently required.
- Isolation of migrant and non-English speaking background (NESB) women from relevant services in rural and remote Queensland.
- Birthing services are much needed as many have been closed across regional and remote areas over recent decades.

RECOMMENDATIONS

Provision of services (see pages 6-8)

- Increase the availability of nurse practitioners and/or nursing advisors or counsellors providing continuity of service and personalised advice over the phone.
- Confirm and advocate for the Queensland Health Department's development of training for the *Allied Health Rural Generalist Pathway* providing nurse practitioners and other allied health professionals with a rural generalist service delivery model.
- Support the provision/enhancement of Internet and communication methodologies that work effectively in rural and remote areas.
- Confirm and support the key role of telemedicine/telehealth in rural Australia.
- Increase the use of video conferencing to address women's health issues.
- Provide networking/advisory services such as the "Virtual Health Network" to radically change the model of health care delivery in rural Australia.
- Provide readily available and targeted training in digital technology;
- Supply effective and functional mobile devices;
- Identify local and regional education initiatives to provide effective, efficient and supportive digital participation for women across all socioeconomic levels;
- Support women with languages other than English in rural and remote areas with their use of internet resources by using volunteer language tutors recruited through TAFE or other resources.

CHALLENGES (see pages 8-10)

- Access to resources.
- Training and on-going support in the use of new communication technologies.
- Need to re-establish birthing services across regional and remote areas.

Of particular note: Telehealth is an important and innovative approach that can take an essential role in meeting the needs identified in this report. Its maintenance and targeted support and expansion recommended in this report could make a major contribution to the health and well-being of women in the outer regional, rural and remote areas.

INTRODUCTION

This paper highlights the importance that access to communication for advice about health issues is for women who live outside the major cities, and urban and inner regional areas of Queensland. The general need for such communication has been raised many times over recent years, but the advent of the pandemic has increased the significance of associated issues that particularly affect women. These issues require directed concern and attention.

Queensland women are the exemplar for this study, but their experience and needs are arguably shared with women in other states living in similar geographical areas.

The selected focus of this report is on women's particular health needs and the challenges of ready access to internet health advisory support and resources. This focus includes the need for a simple and user-friendly source and site for a "problem solver" to assist with the everyday issues that arise in managing the demands of the online world. Underlying this issue is the related challenge of access to essential resources which arises from the barriers of economic disadvantage that exist regardless of location.

WOMEN'S HEALTH

Women's ability to access health facilities close to their home is an ongoing concern. The 2016 Census and the "Australian Digital Inclusion Index 2019" (ADII) [1] reveal interesting data about women living in Rural, Regional and Remote Queensland.

Women aged 25-54 years make up the largest proportion of those living in Remote (43%) and Very Remote (40%) areas of Queensland – which is a similar representation to those living in the other regions of the state. Lone parents are overwhelmingly more likely to be women (80%) than men – a characteristic that does not differ greatly across remote areas. However, the prevalence of young mothers increases with distance from urban areas; mothers aged 15-19 years grow from 0.1% in Major Cities, to 0.3% in Outer-Regional and Rural areas, and 1.3% in Remote areas.[2] The relevant census data does not provide a breakdown of Indigenous versus non-Indigenous women. However, data trends are likely to

[1] See: https://digitalinclusionindex.org.au/wp-content/uploads/2019/10/TLS_ADII_Report-2019_Final_web_.pdf

[2] Staines, Z. *Women in Queensland Study*. TJ Ryan Foundation. 2020.

be similar and it is known that higher proportions of Indigenous women live in Remote areas, and there is a relatively younger age profile of the Indigenous population overall.

In general, Queensland women work fewer hours in the formal economy than men and are more likely to be represented in lower-income brackets. In 2016, 8% of women in Major Cities earned $150-$299 per week compared to 21% of women in Remote and Very Remote areas.[2]

Women carry the major role in unpaid domestic labour, unpaid child care, and the provision of unpaid assistance for the frail elderly and for those with disabilities. These carer roles have many health-related responsibilities and needs.[2]

The 2016 Census reported that internet access was worse in Remote and Very Remote areas with 22% and 26% respectively of occupied private dwellings having no internet access compared to Major Cities, Inner Regional and Outer Regional areas which reported an average of 16%. Internet access is rapidly improving but remains a barrier to access to employment (including self-employment), education (e.g. distance education) and health support. This raises the potential for testing the rights afforded under Queensland's new *Human Rights Act 2019*, particularly the right of access to education (s36).

The ADII provides a comprehensive overview of Australia's online participation to date. It measures three vital dimensions of digital inclusion: Access, Affordability and Digital Ability. Across Australia, women, with the exception of the 14-24 years age group, report lower ADII scores than men. This difference is not great and is widest (4.0) in the 65+ years age group where it is consistent across the three indicators. The relevant gender by age figures are not available for Queensland. The Index does give Queensland an average score of 60.9 from a possible 100.0 - coming fifth out of the eight states and territories. Rural and Outer Regional areas are meaningfully below Queensland (as a whole) though it is reported that the capital/country gap has narrowed over 2018-2019 from 8.3 to 7.3 points. This score comprises 12 areas including City & North Brisbane (61.8), Townsville (62.1), Central & SW Qld (58.2), and North West Qld (48.8). Mirroring national figures, digital exclusion in Queensland is most pronounced in the lowest income level (42.9), people aged 65+ (46.6), among those who failed to complete secondary education (49.6), people with a disability (52.7), and people not in the labour force (53.2).

Access inequity has serious consequences for people outside the Metropolitan area and has implications for the introduction and uptake of personalised telehealth initiatives. These

consequences have been highlighted by the pandemic. While parents of geographically isolated children are well aware of the deficiencies in web-based education, parents of school children who live closer to capital cities have had to grapple with the need to provide hardware and software for their children's education which is an expense that has been difficult to meet. According to ADII 2019 statistics, more than 4 million Australians had only mobile phone access to the internet which is influenced mainly by affordability. Mobile users' heavy reliance on a restricted data allowance severely diminishes the educational experience for school children. 30.8% (2019) of single parents with school aged children are more likely to be mobile-only users and this disadvantage has implications for health outreach initiatives.

There has been much lobbying around this issue by 'Better Internet for Rural, Regional and Remote Australia' (BIRRR).[3] Its advocacy was started by two women from outback Queensland and has led to the founding of the Regional, Rural and Remote Communications Coalition - a group of families and businesses lobbying for better internet access and affordability in regional, rural and remote areas across Australia.[4]

Health needs

A search of the academic literature published over the past twenty years was undertaken using "Queensland, rural, women, concerns, needs" as search terms. The identified literature was relatively small and was strongly oriented towards health issues. This, in part, may reflect the influence of the regional universities (Sunshine Coast, Southern Queensland, Central Queensland and James Cook) which have strong nursing faculties conducting research on regional issues related to women's experiences.

One of the positive factors in a recent (2018) Queensland Health report is that gender differences are examined and discussed. Key areas of need have been identified in the relevant statistics as impacting on service and the well-being of women across the non-metropolitan and urban areas of Queensland. Pregnancy and associated ante-natal, delivery and postnatal care, as well as breast cancer – including screening – emerge as issues. These are of major importance, but recognition of their significance should not be seen as diminished by our raising other needs identified in the research studies, primarily undertaken by Queensland nursing researchers.

[3] See: https://birrraus.files.wordpress.com/2018/08/rtirc-submission-birrr.pdf
[4] See: http://accan.org.au/rrrc-coalition

Health problems

Health problems are by no means exclusive to Rural, Regional or Remote women nor are they completely inclusive. However, they do indicate important health service needs for the support and advice identified by women living in underserviced areas.

- Post mastectomy and chemotherapy support and advice.
- Menopausal health advice.
- Cervical screening and pap smear alerts and access.
- Urinary tract infections (UTI) support and advice.
- Sexual health.
- Menstrual issues.
- Care and advice related to the everyday management issues of chronic illnesses e.g. Diabetes, Parkinson's disease.
- Strength based exercising for women living in rural and regional Queensland.
- Breast feeding: Do women in Rural and Remote regions need different guidelines for management of early stage post-natal care?
- Assisted conception.
- Infant screening and advice and support – particularly post-premature delivery.
- Follow-up support and consultation after personal or family member emergency presentation to hospital. Also, post-hospital release and associated needs for referral to community services available for support.

Psychological and social problems

Nearly all relevant studies in the literature expressed concern that there was no systemic or broadly based outreach program for psychological or social support needs. Help may be available in some towns but tends to be limited to NGOs that have unreliable ongoing funding. Issues of significant concern included:

- Alcohol & drug problems;
- Sexual abuse;
- Domestic violence;
- Crisis support;
- Child abuse;

- Demands of unpaid family care on rural women carers – negative physical and emotional impacts; and
- Unmet support needs of older women in rural and remote areas acting as carers for elderly relations.

All these are readily identifiable psychological needs with "abuse" the most frequently identified need in research.

Health problems of Indigenous women

All the health issues raised above present special difficulties for Indigenous women. As a group, they are heavily disadvantaged by the fact that they live in the most remote areas. The high number of young, first-time mothers, and the high rate of diabetes, means they have an increased need for outreach from health and social services.

Health service needs

Problems can be listed as follows:

- Access to local doctors, and particularly female and Indigenous doctors, in rural and remote areas;
- Access to nurses, pharmacists, social workers, physiotherapists and other allied health professionals;
- Relief from financial costs for medical care, especially if travel to medical care services is required. This is the case even for rural town dwellers with cancer and other chronic illnesses who are required to travel to major centres for help;
- Supportive care for gynaecological cancer and other unmet needs (moderate or high level). Availability of treatment in rural and remote locations especially needs to be considered;
- Disabilities - assistance to work effectively with the NDIS is urgently required;
- Isolation of migrant and non-English speaking background (NESB) women from relevant services in rural and remote Queensland;
- As already noted, primary healthcare provision tends to be relatively poorer in remote areas, while birthing services have incrementally closed across regional and remote areas over recent decades.[5]

[5] See: https://clinicalexcellence.qld.gov.au/sites/default/files/docs/maternity/rural-maternity-taskforce-report_part10.pdf

Particular communication needs of Indigenous women

In addition to the above, there is a clearly indicated need for health and social services to be culturally accessible for Indigenous women across rural, remote and urban settings alike.[6] A recent (2018) comprehensive review by Jennings, Bond and Hill of 65 studies concerned itself with Indigenous people's experience of health care. Research pointed clearly to the need for health-care communication to be free of racial stereotyping and to be "good talk" to open the door to supportive health care. The primary role of change should be placed directly with the non-Indigenous health care provider to improve accessibility and engagement, and to recognise the importance of reducing the experience of power differentials.

Through their success in combatting COVID-19, Aboriginal community-controlled health organisations (ACCHOs) have clearly shown that their system works as "the initiatives rolled out were spurred by health services that knew how to manage their communities in localised, appropriate ways." [7]

POSSIBLE SOLUTIONS

The major problem is the need to improve internet servicing to support community resilience.

The closure of party line phone services as an effective bush telegraph has long been lost. It provided an invaluable support for rural women's resilience. This is recognised in "Partyline", the magazine of the National Rural Health Alliance Ltd. Community isolation will be exacerbated by recent trends to close local media outlets.[8]

1. Resilience

The following resources and community supports are urgently needed:

- Access to up-to-date local knowledge;

[6] Jennings, W., Bond, C. & Hill, P.S. "The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication." *Australian Journal of Primary Health Care*, 2018, 24, 109-115. https://doi.org/10.1071/PY17082

[7] Hart, A. "How Aboriginal health experts acted first and led the fight against the coronavirus". *The New Daily*, 23 September 2020. See: https://thenewdaily.com.au/news/coronavirus/2020/09/23/aboriginal-health-coronavirus/?utm_source=Adestra&utm_medium=email&utm_campaign=Morning%20News%20-%2020200923

[8] Pousti, H. (2017) Understanding the role of social media in community resilience: a study of healthcare communities. Monash University. Thesis. https://doi.org/10.4225/03/58b76dd254a83

- The reinforcement and provision of community networks and relationships;
- Ready access to health advice;
- Clear lines of community governance and leadership;
- Adequate personal and community resources;
- Community based economic investment and preparedness for possible crises;
- Acknowledgement of positive community mental outlooks;
- Confidence in and access to communication links;
- Positive communication "talk" within healthcare structures that fosters relationships of trust and engagement.
- Support for the adoption of social media.

2. Internet Servicing

Innovative internet services and aligned dedicated health professional training are needed to meet the outreach needs of women in rural and remote regions.

The many possible initiatives and outreach programs that could begin to address identified needs are beyond the scope of this paper. The underlying assumption is that having to travel long distances is not always possible, especially during the wet season or for those living in remote areas. Adequate internet services will significantly help face-to-face consultations.

These two areas have received some attention in recent years and need to be strengthened. When interlinked, they include, first, developing and strengthening current telehealth outreach systems and accessibility, and second, providing support for the extension of training for the roles of health and social support providers so as to include the specialised needs of women living in rural and remote regions of Queensland.

Recommended major initiatives

- Increase the use of video conferencing to enhance its effectiveness in addressing women's health issues.
- Confirm and support the key role of telemedicine/telehealth in rural Australia.
- Confirm and advocate for the Queensland Health Department's development of training for the *Allied Health Rural Generalist Pathway* since 2013. Its training provides nurse practitioners and other allied health professionals with a good rural generalist service

delivery model – one that provides professionals with innovative and effective solutions to address the challenges of delivering care across a wide breadth of clinical presentations, especially geographically dispersed and culturally diverse populations.

- Expand the role and numbers of nurse practitioners and other allied health practitioners.
- Increase the availability of nurse practitioners and/or nursing advisors or counsellors over the phone. For example, there has been a positive response to a Breast Cancer nurse at Townsville Hospital who provides support at hospital visits and is available on the phone at any time to provide personalised advice.
- Provide networking/advisory services such as the "Virtual Health Network" to radically change the model of health care delivery in rural Australia, as recently proposed by Professor Rod McClure and Professor Jane Conway from the University of New England.[9]
- Provide readily available and targeted training in digital technology.
- Supply effective and functional mobile devices.
- Identify the local and regional education initiatives that are needed to provide effective, efficient and supportive availability of digital participation for women across all socioeconomic levels.
- Support NESB women in rural and remote areas with their use of internet resources by using volunteer language tutors recruited through TAFE or other resources.

CHALLENGES

A key issue for rural women (and men) is access to resources and training in the use of new communication technologies. This education must directly focus on user needs and user support that recognises the constraints of small incomes among people who have multiple demands.

"The pressures on low income houses are extraordinary. They're often making choices each week, like, 'do I get my medication or do I get prepaid mobile data so I can receive a call about getting some more casual work?' It's diabolical at that level."[10]

[9] McClure, R. & Conway, J. "The city-bush divide, our other grim gap", *Sydney Morning Herald*, 13 February 2020, p. 27.
[10] See: https://birrraus.files.wordpress.com/2018/08/rtirc-submission-birrr.pdf

The *"Urban as the norm"* paradigm that informs VET policy at national and state levels was raised as a concern as early as 1996.[11] The need remains to provide access to relevant internet, training and ongoing support that is targeted to rural and remote users.

"Every town may not have a doctor, but they may have a pharmacist, paramedic or nurse practitioner. Equip these health workers with the capacity to liaise with a GP or specialist in the nearest hospital, to sit with a patient while they have a telemedicine conference to discuss what is wrong and to follow up with continuity of care and support."[9]

The particular challenges faced by Indigenous women start with the fact that primary healthcare provision tends to be relatively poorer in remote areas, while birthing services have incrementally closed across regional and remote areas in recent decades.[12] The potential return of birthing services to Weipa under the Rural Maternity Taskforce [13] may alleviate some of this strain, at least in the Western Cape area.[14] There has also been increased attention to pregnancy support services and while these are vital and much needed, there are other significant needs for advice and support including those identified in this report.

Telehealth

Telehealth is essential. It stresses an important, innovative approach that has much to offer. As part of the COVID-19 response, the Medicare Benefits Schedule (MBS) was extended to support the wide-scale provision of health care by telehealth, with subsequent amendments to restrict arrangements in general practice to providers who have an existing and continuous relationship with patients. Private health insurers have also agreed to provide benefits for teleconsultations. With Australians more open to using technology in health care, there is optimism across the sector that there will be a willingness to embrace these technologies to achieve more long-term health care reform. There appears to be some resistance to continuing this service, but its maintenance and the proposed expansion of relevant services

[11] Simpson, L., Pini, B. & Dawes, L. (2001). Not Just Another Dose: The BridgIT Response to Rural and Remote Training. Rural Society. https://doi.org/10.5172/rsj.11.2.73

[12] See: https://clinicalexcellence.qld.gov.au/sites/default/files/docs/maternity/rural-maternity-taskforce-report_part10.pdf

[13] See the Rural Maternity Taskforce Report at: https://clinicalexcellence.qld.gov.au/sites/default/files/docs/maternity/rural-maternity-taskforce-report.pdf

[14] See: https://www.abc.net.au/news/2017-09-10/weipa-birthing-services-cape-york-mining-town-qld/8885734 Also see press release regarding Palaszczuk Government plans to reinstate birthing services at Weipa: https://www.cynthialui.com.au/press-releases/1293-birthing-boost-on-the-cards-for-western-cape-york

could make a major contribution to the health and wellbeing of Queensland women in the outer regional, rural and remote areas.