COVID 19 Member Support Team

The "Unsung" Impact of COVID-19 on the Aboriginal Community Controlled Health Services in Western Australia.

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Background

Although there has been consideration on a State and National level of the increasing financial and resource burden of the COVID-19 pandemic on the Aboriginal Community Controlled Health Services (ACCHS) in Western Australia, there have been elements that have greatly impacted the Aboriginal Health sector that have not been recognised or acknowledged.

The following documentation highlights some of these elements to date in the ACCHS response to the COVID-19 pandemic as collated by the Aboriginal Health Council of Western Australia (AHCWA).

The list is by no means exhaustive of all these "hidden" impacts, and considering as a Nation we are still in the early stages of the pandemic, there is bound to be additional impacts in the months to come.

The "Unsung" Impacts.

From January 25th when the first case of COVID-19 was reported in Australia, the ACCHS have been proactive and highly responsive to the COVID-19 pandemic.

Due to the terrible impact that the H1N1 Swine Flu had on the Aboriginal population in 2009, the ACCHS, and the Aboriginal Communities were alert and willing to make the necessary decisions to protect their people and their lands.

With the increasing response from Local, State and Commonwealth Governments, the ACCHS adapted and responded to the rapidly changing elements of the COVID-19 guidelines and restrictions with a multi-faceted level of expectation and service provision.

The "unsung" impacts that have been identified as areas of concern can be categorised as:

a) Pandemic Planning and Preparation
b) Travel restrictions – including state and regional border closures, biosecurity zones and Emergency Management Act enforced restrictions
c) Logistics
d) Human Resources
e) COVID specific service delivery impacts
f) Community and Culture

Many of the impacts can be grouped under various categories as they are interrelated with a "flow on" effect.

Pandemic Planning and Preparation

In preparation for the pandemic, the ACCHS were expected to have a documented

AHCWA
Aboriginal Health Council of Western Australia
450 Beaufort Street, Highgate
Western Australia 6003
Ph: (08) 9227 1631 | Fax: (08) 9228 1099
AHCWA | THEAHCWA | www.ahcwa.org.au
RTO ID: 51902

pandemic plan in place which assisted in their response to the COVID-19 coronavirus and put their service in the best possible position to continue to provide health care to the community.

The amount of meetings, document writing, liaising and collaboration by the ACCHS to assist in the pandemic planning from a health service perspective then Local, Regional and State level has had a significant impact on the productivity of “normal business” in the ACCHS.

The additional responsibility placed on staff to effectively and rapidly develop and document these plans, had a significant impact on some services in relation to human resource costs which are highlighted in the Human Resources Section.

Travel Restrictions – Including regional and State Border Closures, Emergency Management Act enforced restrictions and Biosecurity Zones:

The multi levels of travel restrictions and rules regarding entry in to the communities has had a significant impact on many of the ACCHS. Due to the COVID-19 restrictions “Fly-in Fly out” (FIFO) staff have required accommodation and allowances whilst in quarantine. The lack of adequate numbers and the quality of staff housing in some of the communities has resulted in private accommodation being utilised at an added expense. The ACCHS are paying for staff that are in the area, but cannot work to a full capacity due to the restrictions in place, so are employing additional staff to cover their roles.

A number of staff have temporarily relocated to assist the ACHHS in the management of this situation, again adding to the accommodation and staff expenses.

The time and effort that Management put in to understanding, interpreting and disseminating information around the restrictions and the various levels of conditions that needed to be considered for their rostering and staffing safety was considerable.

The returning of Aboriginal people back to their communities to beat the deadlines of the border closures, meant there was a sudden increase in expectation and stresses placed on the ACCHS to accommodate the extra health needs of these people. The ACCHS were assisting many of these community members with basic care needs at their own expense prior to the “pandemic” being declared.

Human Resources

The effect on the level of Human Resource (HR) work during the COVID-19 response has been phenomenal with various aspects of impacts on the staff and the ACCHS.

Many staff in the ACCHS fell into the “Vulnerable” category for workers, and were relieved of normal duties or alternative duties allocated to accommodate the COVID-19 recommendations. The planning, reallocation, leave and rostering elements of this one group

of staff has had significant expense to the ACCHS.

Additional cost to the ACCHS in wages has been reported to cover the cost of Time Off in Lieu (TOIL) and overtime; replacing vulnerable staff; hiring additional staff to cover those that have been re allocated to perform other duties; and paying extra staff to relieve people that have been tending to pandemic planning and preparation. The extra work load will also prevent staff taking their usual annual leave so there will be the added burden of employee entitlement liability on the organisation in the future.

Social and Emotional wellbeing of staff is of vital importance, and extra expenses in the investment of their wellbeing by increased HR contact and provision of employee assist programs will impact. Provision of extra time and resources by the HR departments to address issues in the ACCHS such as "fear of going to work", loss of income, concern for family and friends and the cultural impacts are an added burden.

Again, the extra accommodation needs and staff expenses that resulted from isolation and quarantine rules, roster changes, rights of workers, workplace health and safety in

the ACCHS and those working from home, recruitment and advice has placed additional resources and wage requirement needs into HR capacity in services.

Logistics:

An important issue that has not been acknowledged is the incredible amount of logistical input it has taken to run the usual business in the ACCHS, and also respond to the dynamic changes experienced to address the health service needs of the community.

With flights cancelled, postage services affected and a decreased level of road transport servicing the communities, it has taken time, effort and often increased freight costs to perform the basic operations of the Health Service.

The Australian Government announced upgrades and funding to NBN to assist GP's with Telehealth delivery. The ACCHS had already increased their plans prior to this due to the poor connectivity and unreliable services with ADSL, and had to increase data plans to accommodate NBN satellite requirements. Mobile plans have been upgraded to compensate for the poor quality and unreliable internet issues that the ACCHS experience.

Many of the WA ACCHS remain unable to access NBN. AHCWA along with the WA Department of Health continues to lobby the NBN Agency for priority of services to clinics in remote communities.

The connectivity problems the services have highlighted throughout this pandemic have previously cost the ACCHS significant amounts of money paying for auditors and external IT contactors to assess and investigate ways to

improve their connectivity concerns. The unsuccessful lobbying for funding to implement the recommendations from these audits have meant the ACCHS have had to experience poor internet capabilities leading in to this pandemic.

The unreliable and inefficient NBN and Telco services to the ACCHS has limited their capacity to improve and expand on Telehealth provision of care due to the poor mobile receptions and video conferencing connections available, hence affecting Telehealth MBS revenue.

Many organisations have been forthcoming with assistance on a variety of levels to help the ACCHS in their local regions i.e. BHP has provided dongers for isolation requirements to Puntukurnu Aboriginal Medical Service. The time invested to lobby with philanthropic organisations and government departments, complete submissions for assistance, research and implement solutions to potential problems such as food security and transport of patients and then implement these actions have been costly to ACCHS.

The significant delay in the coordination of the response by the Department of Communities in this pandemic, left the local ACCHS providing services such as basic hygiene needs, bedding and linen, food and care packages and other assistance to the returning Aboriginal population and the more vulnerable members of their communities such as the homeless and victims of domestic violence.

Poor housing and lack of accommodation in many of the communities has also presented a logistical nightmare to many of our ACCHS to be able to identify isolation prospects if an outbreak were to occur. Again, the time

invested in providing solutions and implementing these plans will fall back on the ACCHS.

The lack of traveling services (e.g. Earbus) due to the restrictions has placed extra responsibility on the ACCHS to provide this care that external parties have been employed to do. The need for the ACCHS to be adequately funded now and in the future to be able to uptake these services within the normal provision of care and not rely on the visiting roles is an essential.

COVID-19 Specific Service Delivery Impacts

As the beginning stages of the pandemic unfolded the health promotion and “prevention” strategies commenced with in the ACCHS. Hygiene campaigns, symptoms identification posters, physical alterations to the layout of clinics and transport vehicle modifications occurred to minimise contact and enforce social distancing rules. This in addition to preparedness and pandemic planning expectations initiated, proved an additional expense to the ACHHS.

The decrease in patients attending the clinic, and the slow uptake and release of Telehealth items and gradual instructions on how to fulfil

some of these MBS requirements such as a 715 assessment by Telehealth has meant a considerable loss of income for the ACCHS through MBS billing.

The additional work the ACCHS are doing to assist the Public Health response, such as contact tracing in the Halls Creek positive cases, are non MBS items and the hours implemented in this will be at the expense of the ACCHS.

The increasing use of Telehealth, and the poor connectivity of internet services in communities has increased mobile data costs, and having to provide internet services from home offices as well and the clinic will impact services charges.

The cost of programs that have a large impact on the health of the community such as the influenza vaccine have proved expensive to the ACCHS compared to previous years. This is due to the innovative and creative ways they have had to deliver the service in light of the COVID-19 restrictions and precautions. Extra resources have been necessary such as staff and extra personal protective equipment (PPE) to conduct these programs.

There has been additional support for ACCHS to be testing points for COVID-19 and also to establish respiratory clinics within the site. The ability to adequately provide these additional services and attend to the continuation of regular health services have been guided by the availability of PPE. The lack of availability of PPE has been an international problem and the Government and philanthropic organisations are assisting to improve this supply, but the extra staffing hours and organisational logistics of ordering, sourcing, stock taking and lobbying for assistance has been placed on the ACCHS.

Due to the remoteness of some ACCHS and the lack of testing facilities, people have been transported by the Royal Flying Doctors Service to the regional centres for testing. The Kimberley Aboriginal Medical Services has inherited the cost of this transport as the transport was conducted prior to the announcement of assistance for travel costs, and funding to the RDFS and Careflight to provide this service. There is also the additional element which unless addressed now will burden the ACCHS, is the payment to get the Aboriginal people back to their community following testing. The Patient Assisted Travel Scheme (PATS) have
declined assistance in this field as the patients going for testing are not hospitalised.

The additional costs from a health perspective with increased number of people returning to country, the provision of services, medications, mental health, drug and alcohol issues, and domestic violence has all impacted on the WA ACCHS.

The Commonwealth Government provided funding to the ACCHS in WA and the distribution of these funds has often not taken into consideration the number of outreach clinics that they service. Further consideration

of funding to the Perth metropolitan ACCHS and the South West Aboriginal Medical Service (SWAMS) is required as they have not received the same access to funding as the more remote services have.

Community and Culture:

The ACCHS Model of Care which provides a holistic care of the Aboriginal person and their community, encourages the ACCHS to assist on so many levels often at their own expense. Where the mainstream departments will look after their specific aspect of care and refer on to other departments, the ACCHS will encompass their people and provide the services required to maintain the social and emotional, physical, cultural and community elements of health.

The Funeral and Sorry Business restrictions have also taken resources and man hours from the ACCHS to address, in relation to informing the Community about the evolving changes, reassuring and supporting families through grief and loss. The lack of family gathering and travel restrictions has meant that Aboriginal Health Workers have often been the one's left supporting families.

With the already established social determinants impacting our Aboriginal community the impact of COVID-19 has highlighted the flow on effects of these during a pandemic, which has been the responsibility of the ACCHS to resolve on many occasions. An example has been the lack of housing and overcrowding which has been an extremely difficult area to navigate in relation to social isolation and quarantine, as well as protecting the vulnerable during the COVID-19 pandemic.

The cultural expectations placed on Aboriginal Health Workers and the staff with in the ACCHS to assist community members navigate through this will also be at a cost to ACCHS and they will be expected to look after family members, and take time off work to be there for their community and Elders so will need replacing at work.

Conclusion

The ongoing preparedness, response and recovery phases of the pandemic will take an added toll on the financial, physical and emotional aspects of care within the ACCHS in WA. The continued advocacy and lobbying AHCWA does to assist member services, still requires their time and commitment to provide anecdotal evidence, respond to surveys, apply for funding and assistance etc. and is often neglected in the consideration for funding.

The State and Commonwealth Government has provided financial assistance to the ACCHS to cover increasing costs in response to the pandemic, however the full extent of these costs will still need to be determined as the continued response phase and then recovery of the pandemic evolves.