UNIVERSITY
OF WOLLONGONG
AUSTRALIA

University of Wollongong
Research Online

Australian Health Services Research Institute

Faculty of Business

2011

Equity of access to rehabilitation services in Australia

Frances D. Simmonds
University of Wollongong, francess@uow.edu.au

James P. Dawber
University of Wollongong, jdawber@uow.edu.au

Janette P. Green
University of Wollongong, janette@uow.edu.au

Publication Details

F. D. Simmonds, J. P. Dawber & J. P. Green "Equity of access to rehabilitation services in Australia", ANZCOS / AFRM Conference, Brisbane, 15 September 2011, (2011)

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

Equity of access to rehabilitation services in Australia

Abstract
Powerpoint presentation presented at the ANZCOS / AFRM Conference, Brisbane

Keywords
services, equity, rehabilitation, australia, access

Publication Details
F. D. Simmonds, J. P. Dawber & J. P. Green "Equity of access to rehabilitation services in Australia", ANZCOS / AFRM Conference, Brisbane, 15 September 2011, (2011)

This conference paper is available at Research Online: http://ro.uow.edu.au/ahsri/106

Equity of Access to Rehabilitation Services in Australia

Frances Simmonds
James Dawber
Janette Green

Australasian Rehabilitation Outcomes Centre (AROC)

- AROC is a joint initiative of the Australian rehabilitation sector established in 2002
- AROC manages a rehabilitation benchmarking initiative in Australia and New Zealand whose ultimate aim is the improvement of outcomes for rehabilitation patients.
- To achieve this, AROC requires member rehabilitation services to collect a defined set of data against each and every rehabilitation patient they treat.

Introduction

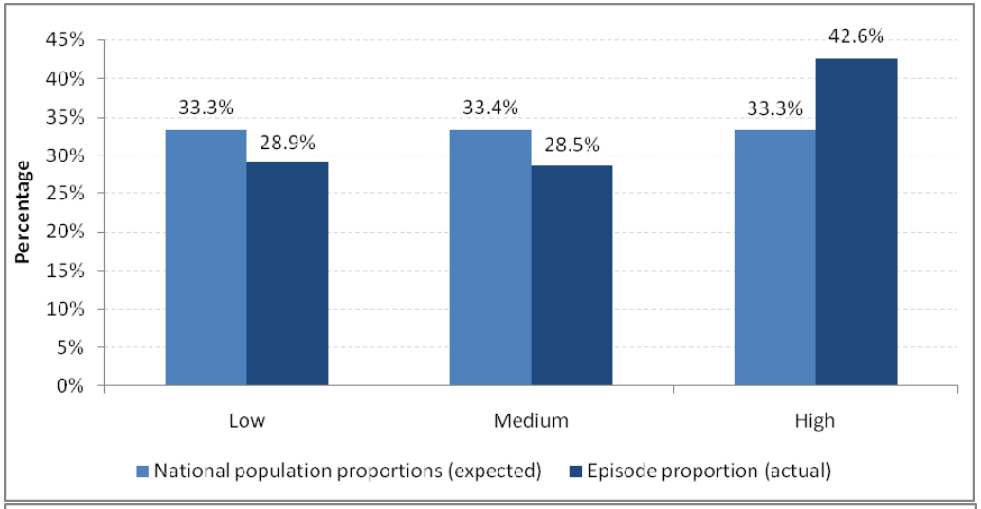
- Explore the question, are rehabilitation services equally accessible across Australia?
  - Patients and facilities
- Exclusion factors which may affect equality:
  - Socioeconomic status
  - Rural or remote
  - Public vs. private rehabilitation service

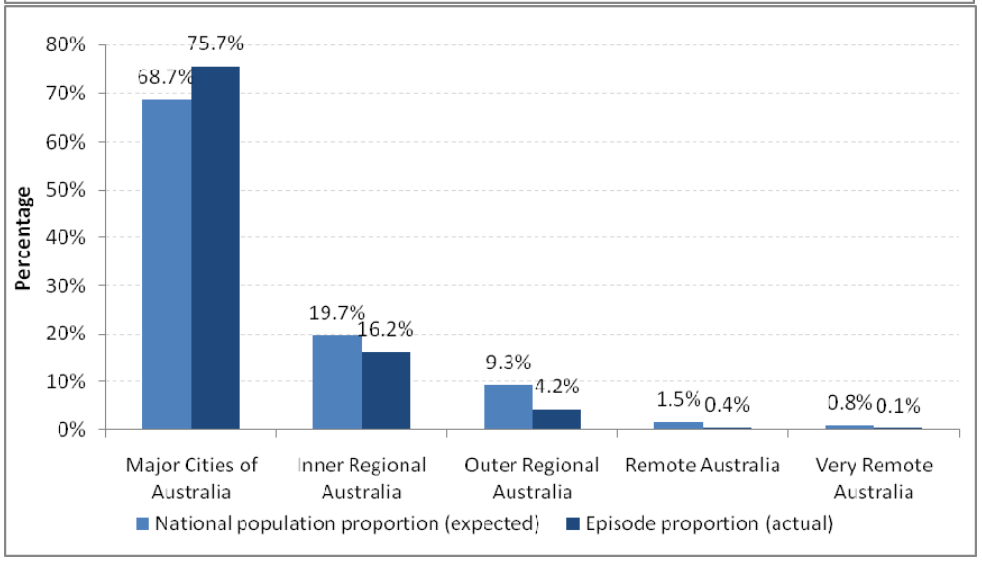
Methods

- Inpatient data for the period 1 July 2009 to 30 June 2010.
  - 70,449 episodes
  - 165 facilities (of 180 nationwide)
- How were these exclusion factors measured?
  - Allocating a socioeconomic status category
    - SEIFA
  - Allocating a geographical location category
    - ASGC-RA
  - Measuring distance
    - Trigonometry based on latitude/longitude of centre of postcodes

Postcode	Postcode SEIFA Score	Postcode Population		Socioeconomic Category
	Lowest			
6434	469.69	94	$\frac{1}{3}$ of Australian Population	**Low**
6770	544.25	2740		
0852	548.07	7679		
…	…	…		
6522	981.20	472	$\frac{1}{3}$ of Australian Population	**Medium**
5400	981.21	782		
2134	981.24	11,566		
…	…	…		
4031	1038.35	11,726	$\frac{1}{3}$ of Australian Population	**High**
3951	1038.48	825		
3634	1038.65	1851		
…	…	…		
	Highest			

Distributions across socioeconomic and geographic levels



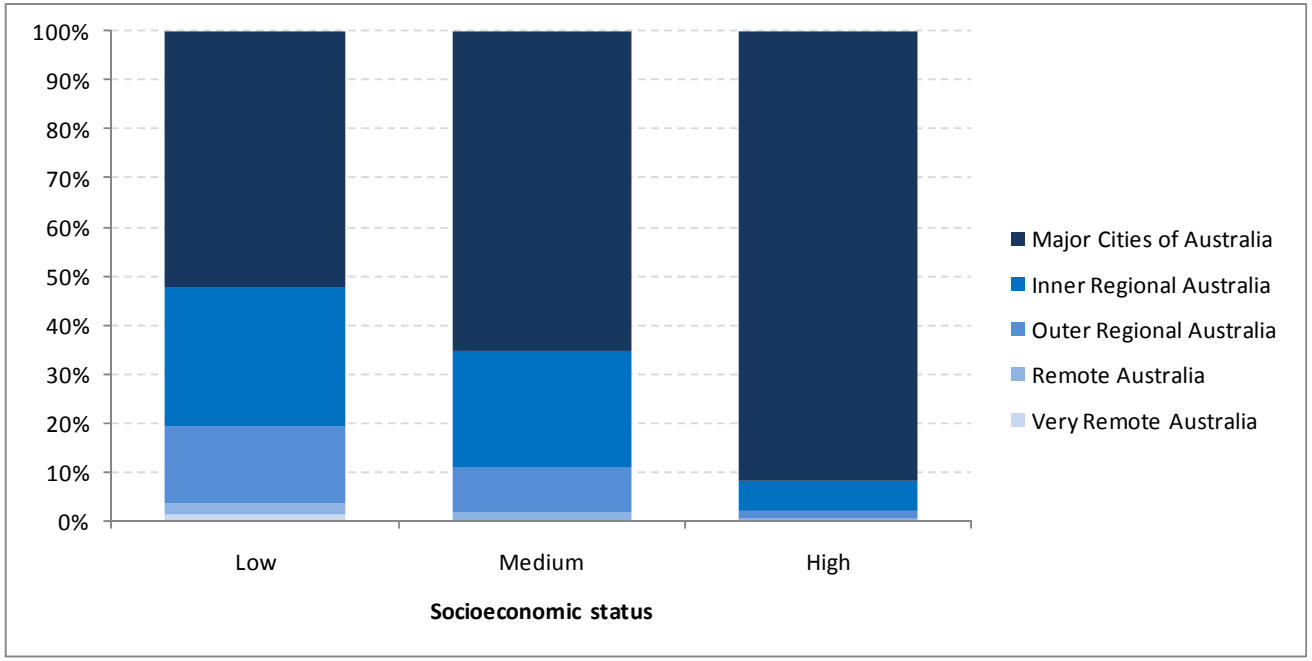


People who reside in:

- **higher socioeconomic areas**
- **Major Cities**

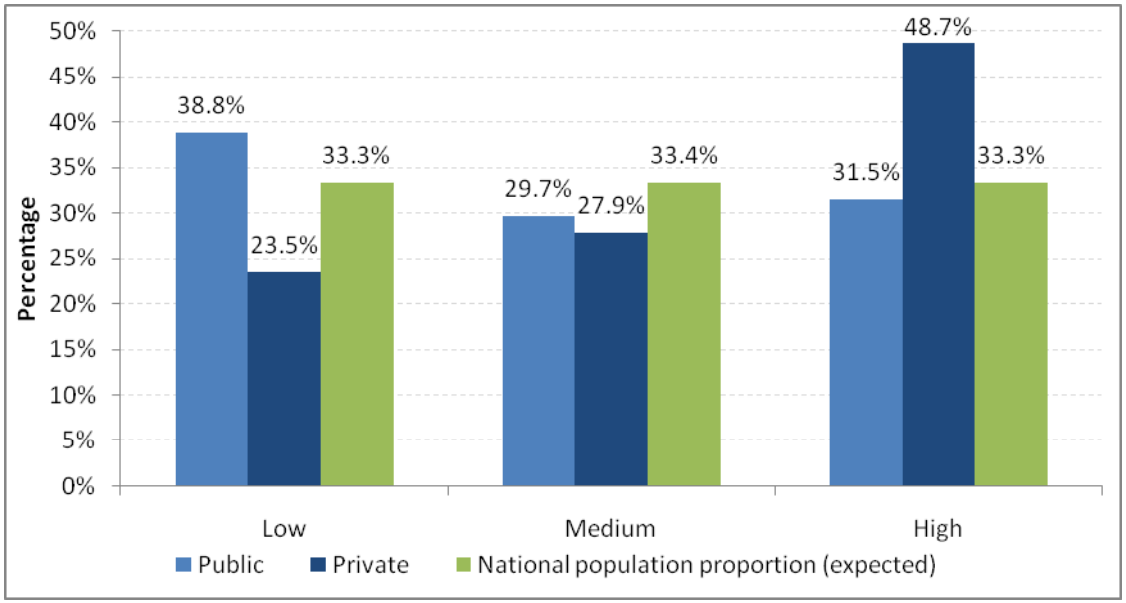
receive proportionally more rehabilitation.

National associations between socioeconomic and geographic levels



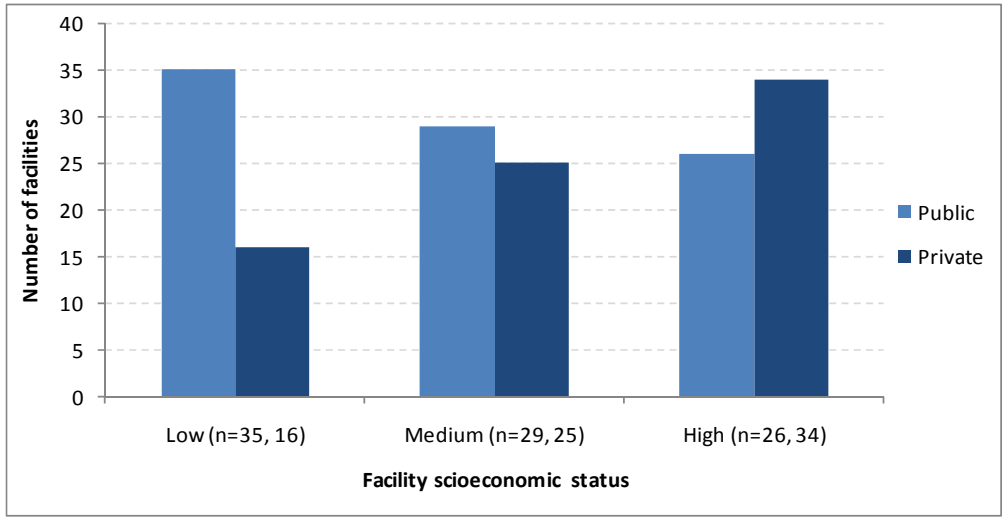
There is a clear **relationship** between **socioeconomic status** and **remoteness**, with lower socioeconomic areas being closely associated with regional/remote areas.

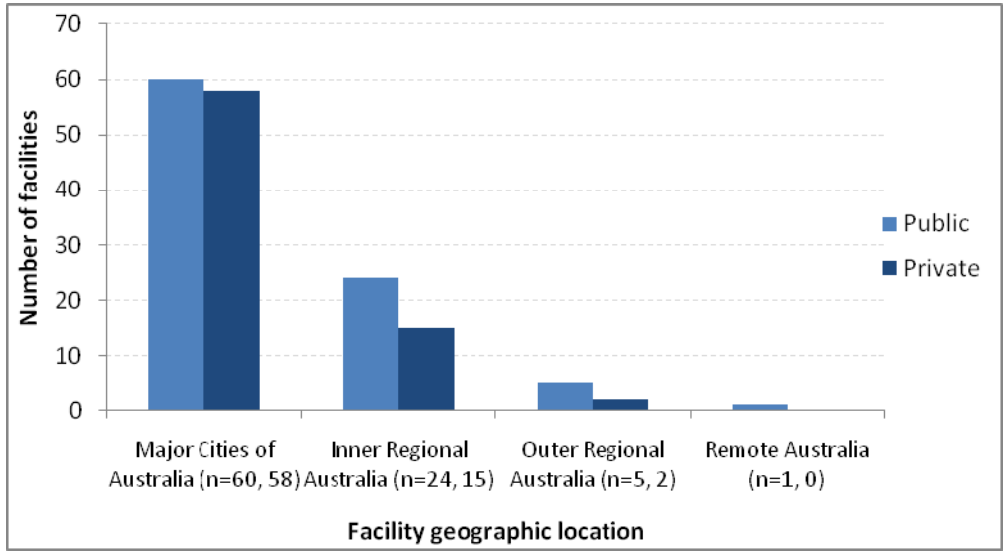
Distributions of socioeconomic level by public/private



People who live in **high socioeconomic areas** are **more likely** to access private rehabilitation treatment.

Distribution of facilities across socioeconomic and geographic levels

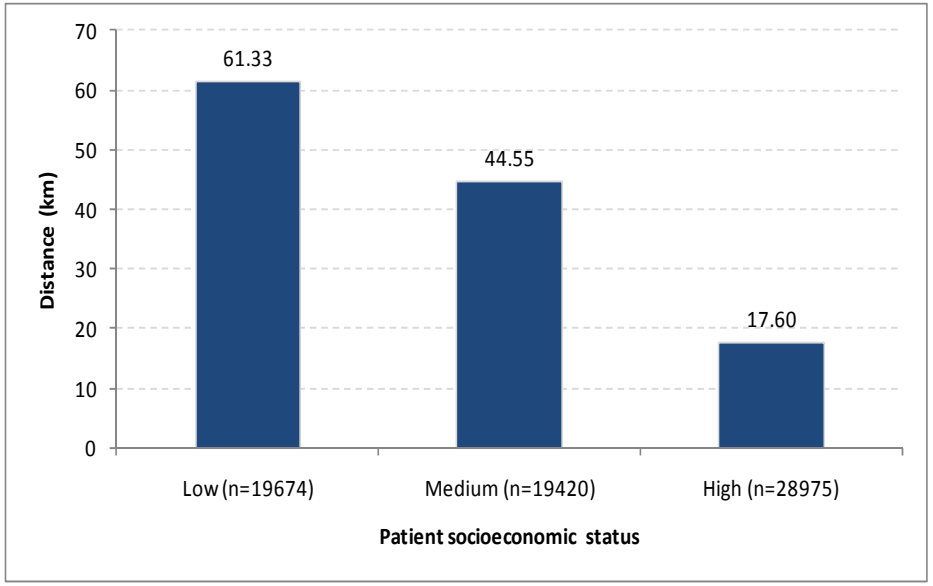


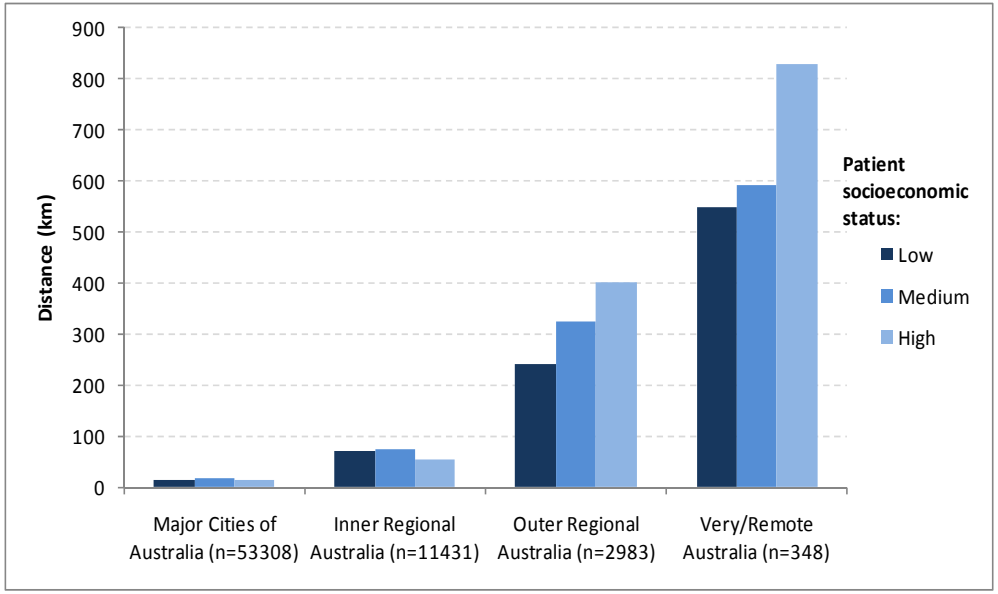


Private rehabilitation facilities are **more likely** to be found in **high socioeconomic areas**.

And **less likely** to be found in **regional or remote areas**.

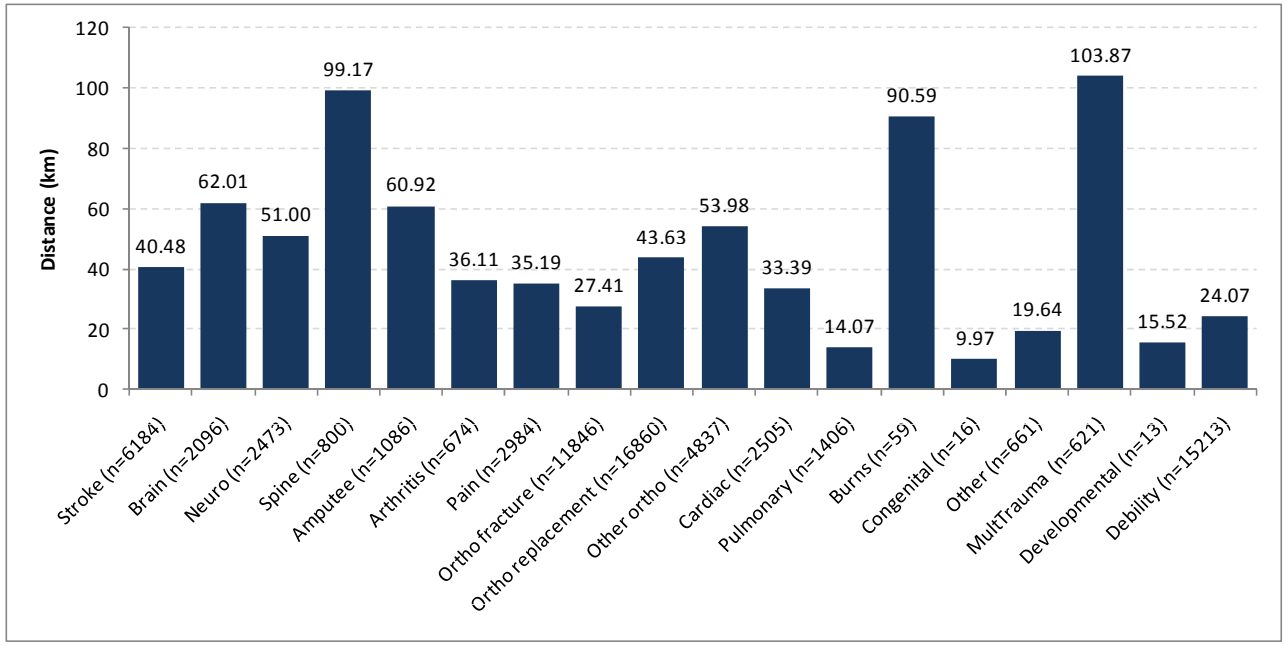
Distance travelled to rehabilitation services





People residing in **outer regional and remote high socioeconomic areas** travel **further** to access rehabilitation than those in similarly located low socioeconomic areas.

Distance travelled by impairment



For impairments treated largely in specialist units (e.g., brain and spinal injury), the central locations of these services drives some of the differential in travel distance.

Additional information

- **LOS was different** between socioeconomic levels but is because of **public/private discrepancies**
- **No significant differences** in **FIM change** between socioeconomic levels
- **Average travel distance** to access rehabilitation services varied considerably across different **impairments**
- **Average travel distance** to access rehabilitation services **decreased** as **age increased**

Conclusion

- The main finding of the study is that **access to rehabilitation** in Australia is **inequitable**
  - People in lower socioeconomic areas
  - People in regional and remote areas
- Access to public and private rehabilitation services **differ across socioeconomic** and **geographic locations**
  - People residing in high socioeconomic areas are more likely to afford private rehabilitation services.
  - Also, private rehabilitation services are more likely to be situated in high socioeconomic areas which also increases accessibility.