

## EQUITY OF ACCESS TO INPATIENT REHABILITATION SERVICES IN AUSTRALIA

### QUESTION

- Is access to inpatient rehabilitation equitable across the country?
- Do patients attend rehabilitation in the same area they live in?
- How far do patients have to travel to access inpatient rehabilitation services?

*The data used is adult inpatient rehabilitation service utilisation data for discharges from 1 July 2017 to 30 June 2018.*

### ANSWER

- Overall access to inpatient rehabilitation facilities in Australia is inequitable. Most especially, those residing in low socioeconomic areas are less likely to attend a private inpatient rehabilitation facility.
- Whilst the majority of patients accessed an inpatient rehabilitation facility within the same geographical area as they lived, the distribution of facilities, particularly private, across Australia, means access is inequitable for those living in remote and outer regional areas.
- The majority of patients travel up to 20 kilometres to access inpatient rehabilitation services across Australia. A small percentage travel more than 100 kilometres, generally to a service in a major city.

#### Suggested acknowledgement:

*Equity of access to inpatient rehabilitation services in Australia.* AROC Information Series No. 1 AU (2019). Australasian Rehabilitation Outcomes Centre.

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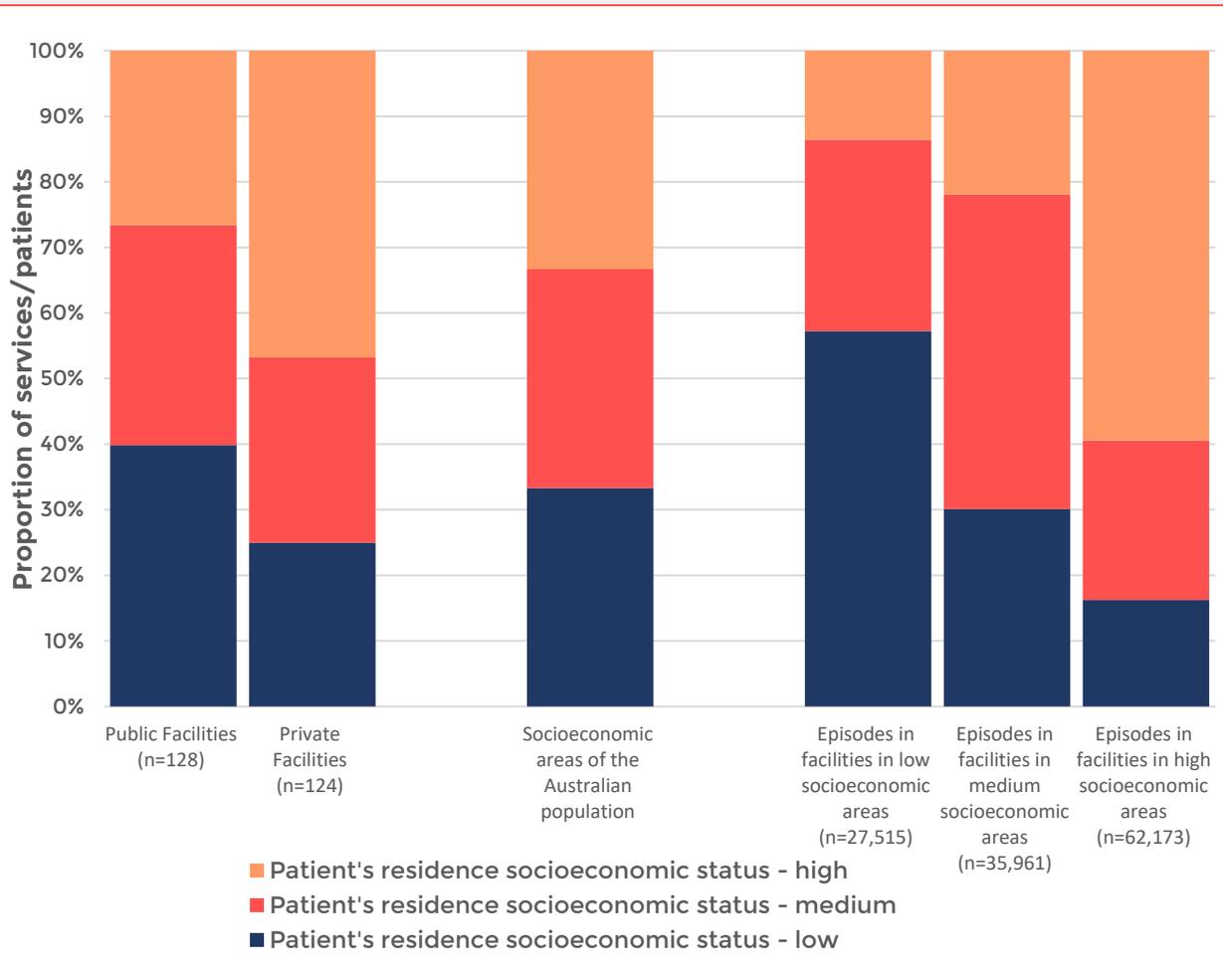
### Equity of access

For this analysis the postcodes of inpatient rehabilitation facility locations and the postcodes of patient's residences were mapped to a socioeconomic status of high, medium or low using the Socio-Economic Indexes for Areas Index of Relative Disadvantage and Advantage (SEIFA-IRSAD); with low indicating more disadvantaged areas.

Public inpatient rehabilitation facilities are located fairly equally across the three socioeconomic groups, with slightly more facilities in low socioeconomic areas. Private facilities however, have almost double the number of facilities located in high socioeconomic areas than in low socioeconomic areas. Patients were most likely to attend a facility in the same socioeconomic areas as they lived.

In **Figure 1** below, the first two bars on the left represent the distribution of public and private inpatient rehabilitation facilities in Australia across the socioeconomic areas, with the next bar highlighting the even distribution of the population of Australia across the socioeconomic areas. The three bars on the right side of the graph represent the socioeconomic status of where the inpatient rehabilitation facilities are located and the shading of the bar indicates the socioeconomic status of where the patients that attended those facilities lived.

**Figure 1** Socioeconomic status of Australian inpatient rehabilitation services and their patients.



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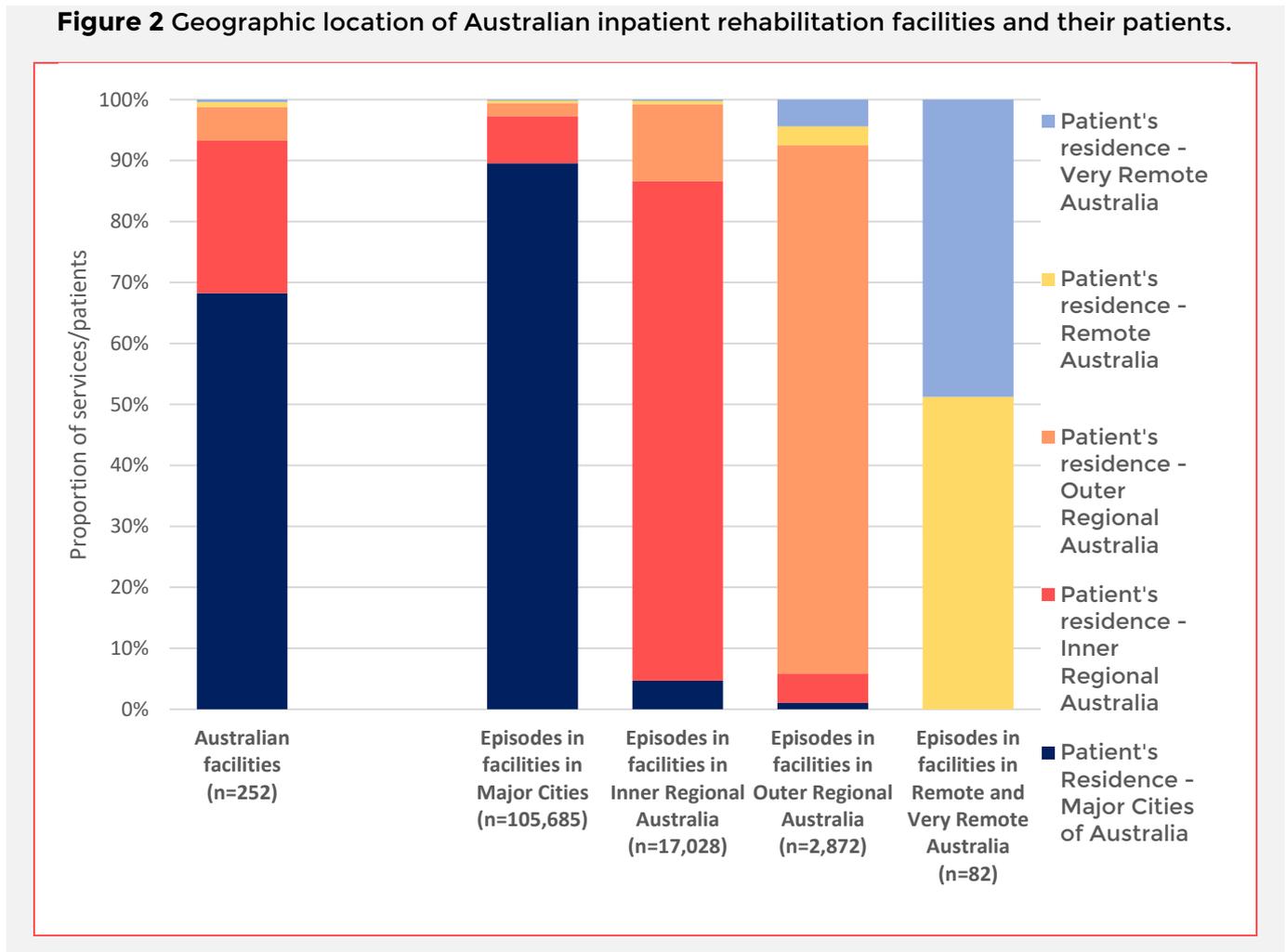
### Location of treating facilities

For this analysis, ABS Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) geographic location categories were used for facility and patient residence locations.

The majority of inpatient rehabilitation facilities in Australia are located in Major Cities (68%), in line with where the majority of the population resides, with the remainder being located mostly in Inner Regional areas. The number of public and private inpatient rehabilitation facilities is fairly equal, however it should be noted that 77% of private facilities are located in Major Cities.

In **Figure 2** below, the bar on the left shows the distribution of inpatient rehabilitation facilities in Australia. The four bars on the right represent where inpatient rehabilitation facilities are located and the shading of the bar indicates where the patients that attended those facilities lived.

**Figure 2** Geographic location of Australian inpatient rehabilitation facilities and their patients.



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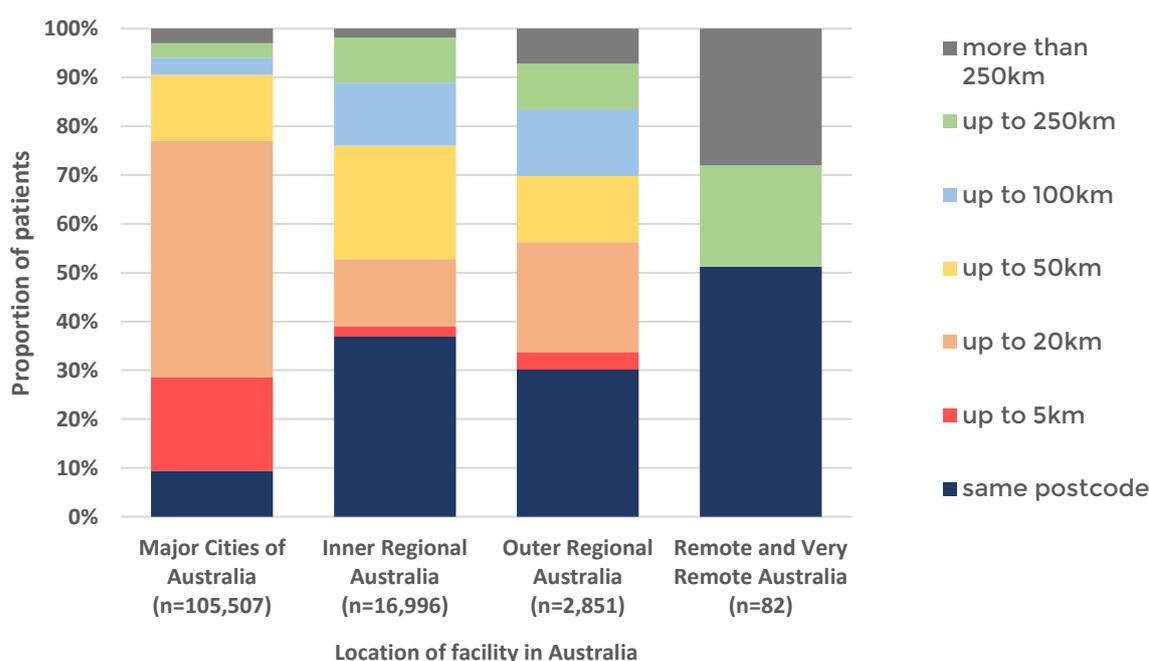
### Distances travelled

For this analysis the distance travelled was estimated as the straight line distance between the postcodes of the patient's residence and that of the inpatient rehabilitation facility the patient attended.

Overall 73% of patients lived within 20kms of the inpatient rehabilitation facility they were attending with 7% of patients travelling more than 100kms for inpatient rehabilitation treatment. In major cities, three out of four patients attending an inpatient rehabilitation facility lived within 20kms of the facility they attended, however this figure decreased to one in two patients in regional and remote areas.

In **Figure 3** below each bar represents where inpatient rehabilitation facilities are located and the shading of the bar indicates the distance travelled by the patients attending the facilities from where they lived.

**Figure 3** Distances travelled by patients to inpatient rehabilitation facilities in Australia by location of facility.



### Further Reading:

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)

<https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1110&context=ahsri>

Currow DC, Allingham S, Bird S, Yates P, Lewis J, Dawber J and Eagar K (2012) Referral patterns and proximity to palliative care inpatient services by level of socio-economic disadvantage. A national study using spatial analysis. BMC Health Services Research, 12: 424.