

# Polio Australia

Representing polio survivors throughout Australia

24<sup>th</sup> January 2023

The Treasury  
Langton Crescent  
PARKES ACT 2600

Dear Honorable Jim Chalmers MP

Thank you for the opportunity to submit a pre-submission for the federal budget planning process for 2023-2024. This letter introduces our pre-submission for the May 2023 Budget - a request for a continuation of funding for a critical **Health Worker Education Program**.

Our foundational health worker education activities, supported by federal funding, provided polio survivors across Australia and Polio Australia itself with five years of increased confidence that Polio Australia's Vision – *that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed life choices* – is being addressed and incrementally met in a very impactful way.

Polio Australia's belief in and commitment to providing health workforce education on post-polio conditions, is reflected in our Board's unanimous decision to commit funds from our limited resources to perpetuate the program until June 2023 in an attempt to sustain its momentum and obtain funding to secure its future.

Included with this submission is a variety of feedback provided by workshop hosts regarding our education, which demonstrates the impact we have on clinicians and facilities Australia-wide.

In view of our program's clear and cost-effective success, as demonstrated in our pre-submission document, we request that funding be granted for a further four years.

We look forward to hearing from you in this regard.

Yours sincerely



Gillian Thomas OAM  
President, Polio Australia



## Health Worker Education Program

### 2023-24 Pre-Budget Submission

24<sup>th</sup> January 2023

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#### PREFACE

A not-for-profit organisation, Polio Australia's purpose is to support polio survivors living in Australia through its programs and advocacy. Polio Australia's Board ensures our charity complies with legislation and maintains good governance, and is consumer-led with 75 percent of the Board being polio survivors.

This submission is made by Polio Australia's Board, which stands behind our organisation's mission *to standardise quality polio information and service provision across Australia for polio survivors.*

From late 2017 to mid-2022, federal funding enabled Polio Australia to initiate and deliver a unique health worker (licensed and non-licensed) education program. The aim of the program is to improve the awareness and understanding of post-polio conditions (Late Effects of Polio and Post-Polio Syndrome) amongst the health workforce, via clinical workshops and resource development.

Over 2000 Australian clinicians have been directly connected with, and several thousand polio survivors benefited both directly and indirectly via improved health risk management and health literacy. Feedback supporting our education's impact on workers' post-polio literacy and ability to act is attached. Using very conservative measures, the benefits of this program substantially outweigh its modest cost.

**Our organisation seeks to continue the established momentum of this program via obtaining continued federal funding covering a period of four years (July 2023-June 2027) with a budget of \$800,000. No other organisation, university, private network or education program exists that is suitably positioned to amplify post-polio awareness and literacy amongst Australian health workers.**

## KEY POINTS

- 🌐 Polio Australia's mission is to standardise quality polio information and service provision across Australia for polio survivors. This under-served population experiences unique health issues that frequently challenge health teams.
- 🌐 To help achieve its mission, Polio Australia has managed and delivered a health worker education program for the last five years with the support of federal funding. The program costs less than \$40 per known polio survivor annually. This cost reduces as we reach more survivors through educating health workers on better identifying polio survivors in their communities.
- 🌐 Despite the program's success, funding was inexplicably not renewed in 2022. Our numerous appeals to both governments in office during 2022 for further support were unsuccessful. This demonstrated, cost-efficient and impactful program is doomed unless funding support is obtained and provided by mid-2023.
- 🌐 Stopping the program at this premature juncture will undoubtedly increase future government expenditure on this population. Existing health system inequities and inefficiencies risk amplification. As polio survivors' neuromuscular condition progresses, well-informed care becomes critical, yet the support for improving care has been withdrawn. Hence, modest pre-emptive funding to enable the continuation of this program has the ability to constrain escalating costs.
- 🌐 For the Australian polio community, ending the program will make a poor situation worse. Polio survivors would be resigned to receiving underinformed and risk-neglecting Late Effects of Polio care from those licensed, assigned, and expected to 'do no harm'.
- 🌐 Polio Australia seeks to sustain this program via continued federal funding for a period of four years (July 2023-June 2027) with a budget of \$800,000, to help deliver on its mission.
- 🌐 No other entity maintains the impetus, expertise or accountability to support polio survivors' health through the delivery of a health worker education program. The responsibility to improve post-polio awareness and literacy amongst health workers *has* fallen - and indeed *continues* to fall - solely on Polio Australia as a peak body.

## ISSUES

### **1. A limited awareness of the post-polio conditions of Late Effects of Polio (LEoP) and Post-Polio Syndrome (PPS) exists in Australia.**

- a. Limited awareness exists across Australian society; indeed, mention of the term 'polio' is most often met with repudiation due to a misperception of everything polio-related being historic, solved, or of no immediate concern.
- b. While awareness of LEoP/PPS has improved amongst health workers under the existing program, many regions and clinical groups remain unreached to date.
- c. **How this can be addressed:** Substantial traditional media awareness campaigns or advertisements are beyond the budget of Polio Australia. Grassroot clinical seeding (pre-professionals/students) and health network outreach (hospital administrative and clinical staff) directly reaches the most pertinent and information-actionable audiences.

## **2. An under-identification of polio survivors (an at-risk population) persists.**

- a. Those exposed to and infected by polio (including those who never had paralysis) are unaware of the risk of developing LEOp.<sup>1</sup>
- b. Health workers do not reliably identify or investigate those exposed to polio.<sup>2</sup>
- c. Under identification leads to underappreciated health risks, inefficient health spending, and underutilised existing LEOp resources.
- d. **How this can be addressed:** Health workers need the training and tools to enable them to identify potential cases of polio exposure and initiate further investigations. We cannot expect Australians to self-assess polio exposure.

## **3. The clinical management of symptomatic (emerging or established LEOp) polio survivors is ad-hoc unless supported by a dedicated worker education program.**

- a. No other Australian organisation, university, private network or education program exists or has sufficient topic experience and population integration to progress LEOp awareness and literacy amongst health workers.
- b. Ad-hoc professional education puts polio survivors at risk of exacerbated symptoms, worsening function, increased dependency on the health system, and in cases of anaesthesia - respiratory distress or worse. Ill-informed treatment is remediable through organised and consistent professional education.
- c. **How this can be addressed:** A LEOp health topic devoted program (run by an invested organisation) that informs stakeholders, contributes to resource development, expands modes of LEOp learning, and curates emerging research, both exists and is proven. Such programs require funding support, particularly when they are nation-wide and delivered by non-government organisations.

## **4. Limited opportunities exist for funding education programs of this type.**

- a. Published government grants (i.e. those via GrantConnect) provide rare and - when our program is actually eligible - ultracompetitive funding opportunities for the type of program we seek to have supported.
- b. Private grants are no less competitive for this type of program, and in our experience rarely 'fit'; they are either not eligible to be implemented nation-wide, are of insufficient fund size, or are on too short a timeframe with no guarantee for extended funding.
- c. **How this can be addressed:** Specific targeted funding from the federal government remains the most viable means of funding programs of this type.

## **5. Polio Australia does not have sufficient resources to support the cost of its health worker education program.**

- a. Our revenue streams lean heavily on donations and bequests, which allow baseline operations to be maintained but not to support our valued programs.
- b. Australian polio survivors' health does not benefit from any of the \$8 million contributed by the Government annually to offshore polio eradication.<sup>3</sup> Polio Australia seeks only 2.5% of this amount for onshore population benefits.
- c. Staffing costs are the largest items of the program budget. Polio Australia has invested in expert and experienced staff to deliver the program. Without funding, this investment will be lost to both the health workers and the polio community.

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<sup>1</sup> Australian Family Physician. Volume 45, Issue 7, July 2016. <https://www.racgp.org.au/afp/2016/july/what-is-happening-to-patients-who-have-had-pol-2>

<sup>2</sup> Polio Australia's 2019 Submission to the Royal Commission into Aged Care Quality and Safety, pg 10. <https://agedcare.royalcommission.gov.au/system/files/2020-07/AWF.600.01125.pdf>

<sup>3</sup> Support to Eradicate Polio. Media release October 2022. <https://ministers.dfat.gov.au/minister/pat-conroy/media-release/support-eradicate-polio>

- d. Because the program is delivered Australia-wide, travel is an essential and costly component of in-person delivery modes.
- e. **How this can be addressed:** Community organisations rely on grants to implement their missions while taking the responsibility for reducing societal issues for the government. Polio Australia had a time-limited grant under which it successfully developed and implemented the education program, and complied with all Department of Health contract terms. However, without further federal funding to fully realise vital projects and meet their goals, this program will be doomed.

## 6. Inefficiencies with post-polio screening, diagnosis and intervention are costly.

- a. Documented inefficiencies for the polio survivor population include unnecessary tests, delayed diagnosis and mistreatment with potential harm.<sup>4,5</sup> The result is increased costs to government *and* out-of-pocket costs to polio survivors.
- b. Post-polio health management inefficiencies occur nation-wide, so federal funding is appropriate and required for our program.
- c. **How this can be addressed:** Continued federal funding for this program would support polio survivors across Australia, with the federal government standing to obtain significant benefit in health-costs restraint. Our health worker education program reduces inefficiencies and more than pays for itself while we sustain *any* of the following:
  - i. Keep any three polio survivors from entering full time Aged Care over the life of the program, or
  - ii. Prevent a dozen annual fall-related hospitalisations of polio survivors, or
  - iii. Prevent any 40 annual hospital admissions within this population<sup>6</sup>, or
  - iv. Each polio survivor known to us requires one less annual GP visit.<sup>7</sup>

If *all* of the above aims were achieved each year, savings to the health budget would equate to over \$4,336,900 over the course of the program.

## CONCLUSION

Polio Australia's Board maintains great concern regarding the potential loss of the program, and the detrimental consequences for the health of Australian polio survivors.

Specific federal funding has proven to be and continues to present as the 'best fit' for this cost-effective program.

Accordingly, we seek federal funding of \$800,000 over four years (July 2023-June 2027) to consolidate the gains made by our program to date, and to maintain the impetus reaching health workers who care for existing and emerging polio survivors.

<sup>4</sup> Enghelberg, S., Love, I. Y., & Rapoport, M. (2020). Post-Polio Syndrome Causing Late Onset Respiratory Failure. *The Israel Medical Association Journal* : IMAJ, 22(6), 395–396.

<sup>5</sup> Benito-Lozano, J., López-Villalba, B., Arias-Merino, G. *et al.* Diagnostic delay in rare diseases: data from the Spanish rare diseases patient registry. *Orphanet J Rare Dis* 17, 418 (2022). <https://doi.org/10.1186/s13023-022-02530-3>

<sup>6</sup> Data provided by the AIHW to Polio Australia in 2022 indicates this would be about 5% of this population's hospitalisations.

<sup>7</sup> Over half of those with chronic illness have six or more GP visits per year.

[https://chf.org.au/sites/default/files/20191030\\_rpt\\_patient\\_activation\\_survey\\_report\\_final.pdf](https://chf.org.au/sites/default/files/20191030_rpt_patient_activation_survey_report_final.pdf)

# Feedback following the education presented in March at our hospital.

Polio is something we are not very aware of in the private, acute care setting.

- We are predominantly a surgical hospital.
- We do not screen specifically for a history of Polio.
- We do not know how many people use our services with a history of Polio.

The education identified areas where we can increase awareness amongst nurses who may be caring for a person who has experienced Polio, PPS and LEOp. For example:

- Allowing patients, where possible, to position themselves on the operating table to minimise nerve damage/paralysis post operatively.
- Breathing problems can be common during or after surgery, even day surgery, sometimes requiring ICU intervention
- Understanding they may have a slower recovery than those with no history of polio. i.e. they must 'recharge their battery' before attempting to mobilise or attend exercises as activity will only make the situation more difficult due to the existing weakness and fatigued muscles following surgery.
- Low temperatures are commonly experienced and may take some time to return to normal. Patients have an intolerance to being cold.
- Heat is seen as form of pain management. Traditional opioids may cause greater sedation in these patients.
- These patients will have a sound understanding of what they need and so listening to them is essential in meeting their health outcomes

The resources you made available to us from Polio Australia, such as the Anaesthesia and Surgery Guide from St Vincent's Hospital and the Interventional Risks handout are very informative. I have shared these with the clinical areas. I have emailed a summary of the education to the managers in each area so they can share it with their staff.

In short, the education has been very valuable and presented in a very practical and easy to understand way, largely I expect through your clinical experience and background of Physiotherapy. We will be expanding the clinical teams understanding of this area over time.

*A Sarles  
Clinical Education Coordinator  
St. Andrew's Hospital, SA.*



# In 2021 I attended one of the online Polio workshops.

As a physiotherapist for over 25 years, it was one of the best workshops I have ever attended. The reasons are:

- It was extremely relevant
- It was extremely well presented
- It was easy to understand
- Excellent use of analogies
- It was practical and gave me tools and strategies to take away and use
- Increased my awareness and understanding of post-polio issues
- Increased my awareness to look out for what is potentially an undiagnosed issue in many others
- A week after I saw the presentation, I had a client with post-polio so it was extremely relevant

The presentation was so good that I wanted all my staff to see it, as well as give the opportunity to others. I immediately sent out an email inviting other health professionals to get expressions of interest.

The initial barrier for me to host it was lack of a venue (I am a mobile therapist). When Polio Australia was able to support a venue with funding, it took away all the barriers to allow me to host an event, so in 2022 I was able to get my staff and invite others to attend. I was so pleased as the content had been further added to with the most recent research, and was tailored to be an in-person presentation which was slightly different to the online presentation (just because of logistics).

The post-polio workshops are excellent, and I highly recommend to all health professionals who are seeing people with post-polio syndrome, or who may be seeing people who potentially have undiagnosed post-polio.

Seriously, of all my years doing CPD, this is probably the stand-out of all that I have been to. Thanks so much team!

*R. McClellan  
Owner/Physiotherapist  
Sunshine Coast Neuro Rehab, Qld*

# To whom it may concern.

Michael presented a very informative talk on Polio, Post polio syndrome and the need for better education and management of this condition that can have life long implications for the community that is affected by it.

We hosted the session as a follow up from an initial session last year, which was initiated from Michael coming to the area to speak to the public and health professionals.

The talk itself was well presented, informative, interactive and educational and as a group of 10 physiotherapists, we left with a much greater understanding of the condition itself and its functional implications throughout life, the natural sequelae of the condition and the role for graded and careful management including exercise approaches, self-management strategies, lifestyle management issues and more. The pathophysiology was explained and was the distinction between the origins of the disease, the later onset of secondary symptoms and the post-polio condition in its own right was explained. We also touched on the history and epidemiology which was important to consider.

It is clearly a condition that we are not taught well at university about and as such, Michael was able to fill in some educational gaps in our understanding that left us with a confidence to look out or screen for possible cases locally and help with therapy. It is a condition that if properly diagnosed, proper assistance and support can be sought, giving the condition weight in terms of its severity and impact for those affected, yet clearly not much is known with in general medical and therapy communities, so these sessions become invaluable for this purpose.

*P. Doley  
Owner/Physiotherapist  
Victor Harbor Physiotherapy Clinic, SA*



# In brief.

Thank you for the recent in-service you delivered at our hospital. Your session was engaging and informative, and of considerable interest to the multidisciplinary staff in attendance.

Staff commented that their knowledge of post-polio conditions and impacts on their rehab here in our setting was significantly advanced. Thanks again for attending!

*M Considine  
Deputy Physiotherapy Manager  
Donvale Rehabilitation Hospital, Vic*

Thank you for providing the training to our multidisciplinary allied health team at Mid North Coast Physio. The education provided will be invaluable to improving our identification of, assessment for, and advice and treatment to clients with Late Effects of Polio.

Our team has a much more clear understanding of the impacts of LEOP and how to support those impacted. The presentation was clear, concise, informative and well presented. It has certainly increased the awareness of our clinicians and will ensure better care is provided across our region.

*A Hardaker  
Principal Physiotherapist  
Mid North Coast Physiotherapy, NSW*