



Mr Russell Broadbent MP
Chair of Select Committee on Intergenerational Welfare Dependence
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

Dear Chair and members of the Select Committee,

The National Rural Health Alliance welcomes the opportunity to provide a response to the Intergenerational Welfare Dependence Inquiry.

The National Rural Health Alliance (the Alliance) is Australia's peak body for rural and remote health. It represents 37 national organisations working to improve the health and wellbeing of over 7 million people living in rural, regional and remote Australia. Alliance members include consumer groups, the Aboriginal and Torres Strait Islander health sector, health professional organisations, educators, and service providers. This large and diverse membership gives the Alliance a comprehensive and authentic view of the health and social interests across country Australia. A full list of our members is attached for your information (see Attachment 1).

Ensuring that rural and remote Australians get the best opportunities in life, including equity in health outcomes, is a key priority for the National Rural Health Alliance. The evidence relating to the poorer health outcomes experienced by people in rural, regional and remote Australia is overwhelming. Many of the reasons for this are causally related to the social, cultural and environmental determinants of health. This is compounded by restricted levels of access to timely, appropriate and affordable health care. People in country areas are also over represented in relation to their exposure to health risks, including alcohol consumption, smoking, dietary behaviours, exercise and occupational and vehicular exposure to injury.

It is clear that 'Disadvantage is more prevalent and persistent in regional and remote parts of Australia ...'¹ and that '... all the population groups at higher risk of poverty and social disadvantage are present in greater proportion'² in rural areas. People living in rural and remote Australia have lower incomes and net household worth in comparison to those living in metropolitan areas. Aboriginal and Torres Strait Islander people, of whom around 65 per cent live outside the major cities, are also disproportionately affected by poverty².

¹ AIHW 2017, p.10 - Australia's welfare: Persistent disadvantage in Australia: extent, complexity and some key implications. <https://www.aihw.gov.au/getmedia/9592571c-801c-46be-9c9d-75d0faffbb5b/aihw-australias-welfare-2017-chapter1-6.pdf.aspx>

² NRHA 2017 Poverty in rural & remote Australia from: <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-povertynov2017.pdf>

The Alliance undertakes its work through a determinants of health approach. This means promoting and supporting policies, practice and research that aims to reduce inequalities in social and health outcomes that arise from living in chronic stressful life conditions with poor access to health care, a good start in life (from preconception to the early years of childhood), quality and affordable housing, lower education attainment, unemployment and under-employment, food and social insecurity, and a unsafe and unhealthy environments.

The Alliance believes that the need for welfare support is an outcome of the inequalities experienced as a result of the impact of these determinants of health. With this in mind, the Alliance is concerned that the terms of reference for this Inquiry frame welfare dependence as the *cause* to be addressed rather than it being a symptom of systemic drivers derived from government policy and social structures, culture and attitudes.

To prevent the need for welfare support, and break the cycle of intergenerational welfare dependence interventions that prevent poverty and disadvantage across the life course tailored to meet the needs of communities are required. This requires a multidimensional intergovernmental and jurisdictional approach working with local communities focusing on national targets to reduce poverty and inequality overall.

The OECD (2010)³ recommends several approaches to reducing disadvantage that the Alliance believes may have particular relevance to rural and remote Australian communities. These include:

- Supporting education participation from early childhood and greater completion rates of secondary schooling facilitated by enhancing teacher quality and locally autonomy in educational resource allocation;
- Prioritising education that facilitates social and economic mobility particularly child care arrangements that simultaneously support employment and child education;
- Enabling greater equity of access to tertiary education; and
- Implementing taxation approaches that provide incentives and pathways from welfare to work.

On the last dot point, the Alliance is particularly concerned about the higher rate of youth unemployment in rural and remote Australia and urges the Select Committee to consider an urgent review of the Newstart payment. This payment is insufficient and serves to contribute to the extent of social disadvantage presently experienced.

The Alliance would like to draw the Select Committee's attention to the importance of *Health in All Policies* as an approach to guide whole of government inter-sectoral action to address systemic disadvantage. The World Health Organisation (2014)⁴ describes *Health in All Policies* as:

'...an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being' ⁴.

The Alliance believes that a *Health in All Policies* framework is an effective and evidence based approach that could be applied to breaking cycles of disadvantage including domestic and family violence,

³ OECD 2012 Equity and Quality in Education: Supporting Disadvantaged Students And Schools. <https://www.oecd.org/education/school/50293148.pdf>

⁴ World Health Organization 2014 p.2 The 8th Global Conference on Health Promotion, Helsinki, Finland,

10-14 June 2013 The Helsinki Statement on Health in All Policies

http://apps.who.int/iris/bitstream/handle/10665/112636/9789241506908_eng.pdf;jsessionid=F3F1F3FCE89E7542073253991B633DC1?sequence=1

substance abuse, preventing chronic illness, mental health and building capabilities within communities to strengthen resilience and build human and social capital.

Similarly, the Alliance would also like to direct the Select Committee to the United Nations Sustainable Development Goals. The 17 global goals not only provide a framework for government action but also provide a comprehensive package of global indicators to measure and compare progress.

Thank you for the opportunity to provide input into the Inquiry. We will gladly answer any questions you have regarding this submission.

Best regards



Mark Diamond
Chief Executive Officer
National Rural Health Alliance

Attachment 1- *National Rural Health Alliance Members List*

Australasian College for Emergency Medicine - Rural, Regional and Remote Committee (ACEM)
Australasian College of Health Service Management - rural members (ACHSM)
Australian College of Midwives - Rural and Remote Advisory Committee (ACM)
Australian College of Nursing - Rural Nursing and Midwifery Community of Interest (ACN)
Australian College of Rural and Remote Medicine (ACRM)
Australian Healthcare and Hospitals Association (AHHA)
Allied Health Professions Australia Rural and Remote (AHPA)
Australian Indigenous Doctors' Association (AIDA)
Australian Nursing and Midwifery Federation - rural nursing and midwifery members (ANMF)
Australian Physiotherapy Association - Rural Members Network (APA)
Australian Paediatric Society (APS)
Australian Psychological Society - Rural and Remote Psychology Interest Group (APS)
Australian Rural Health Education Network (ARHEN)
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
Council of Ambulance Authorities (Rural and Remote Group) (CAA)
Centre for Remote Area Nurses Association (CRANaplus)
Country Women's Association of Australia (CWAA)
Exercise and Sports Science Australia (Rural and Remote Interest Group) (ESSA)
Federation of Rural Australian Medical Educators (FRAME)
Isolated Children's Parents' Association (ICPA)
National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
National Aboriginal Community Controlled Health Organisation (NACCHO)
National Rural Health Student Network (NRHSN)
Paramedics Australasia (Rural and Remote Special Interest Group) (PA)
Rural Special Interest Group of Pharmaceutical Society of Australia (PSA)
The Royal Australian College of General Practitioners - Rural (RACGP)
Rural Doctors Association of Australia (RDA)
Australian Dental Association - Rural Dentists' Network (ADA)
The Royal Australasian College of Surgeons - Rural Surgery Section (RACS)
Royal Far West (RFW)
Royal Flying Doctor Service (RFDS)
Rural Health Workforce Australia (RHWA)
Chiropractors' Association of Australia - Rural and Indigenous Health-interest Group (CAA)
Optometry Australia - Rural Optometry Group (OA)
Rural Pharmacists Australia (RPA)
Services for Australian Rural and Remote Allied Health (SARRAH)
Speech Pathology Australia - Rural and Remote Member Community (SPA)