National Rural Health Strategy
Update

Issued by the Australian Health Ministers’ Conference

July 1996
National Rural Health Strategy Update

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Introduction

The National Rural Health Strategy (NRHS) was endorsed by AHMC in March 1994. The NRHS provides a framework for the provision of health services throughout rural and remote areas of Australia. While recognising that many rural health issues share a common basis and require a national response, the NRHS is sufficiently flexible to meet the diversity of local needs and circumstances of rural communities throughout Australia. The NRHS reflects the consultation process between Commonwealth, State and Territory governments, major stakeholders including the National Rural Health Alliance, and consumers.

In October 1995, AHMAC resolved to endorse the recommendation by the State/Territory and Commonwealth Forum of Rural Health Policy Units to undertake a review and update of the National Rural Health Strategy (NRHS). A principal goal of the exercise is to ensure the NRHS's continued relevance as an operational framework for the further development of rural and remote health services.

This update reflects significant developments and achievements in implementing the NRHS proposals, and has been developed by governments in consultation with key stakeholders in rural and remote health. The update takes account of progress to date on the NRHS's proposals, other recent developments in rural health, and the recommendations from the 1995 National Rural Health Conference. A comprehensive review of the NRHS is planned to follow the National Rural Health Conference in 1997.

The update of the NRHS comprises two parts:

1. an overview of progress made on implementation of the thirteen NRHS proposals since its endorsement by AMHC in March 1994, taking account of developments in rural health, the 1995 National Rural Health Conference recommendations, and outlining the benefits to Commonwealth, States and the Northern Territory resulting from the implementation of the NRHS; and

2. an outline of key strategic directions in rural health which define Commonwealth/State health relationships based on issues the State/Territory and Commonwealth Forum of Rural Health Policy Units is keen to see progress during the next couple of years.

It should be emphasised that the directions identified in this update refocus but do not displace the proposals of the NRHS. The update highlights priority measures for the interim period leading up to the major review of the NRHS scheduled to take place following the National Rural Health Conference in 1997.
Part 1: A review of progress on the NRHS rural health stakeholder views

1. The need for, and importance of, a national approach and framework

The accepted broad aim of Australia's health policies is to improve the health status of all Australians. Since a complex mix of factors contribute to health status, health care extends beyond merely providing services oriented to curative treatment. Nevertheless, the provision of health services is an important component of health care, and should incorporate consideration of the needs of the community, the service delivery capacity, the type and skills of staffing, and the levels of resources historically available.

Available evidence reported by the National Health Strategy and Australian Institute of Health and Welfare suggests that rural and remote Australians are characterised by significantly poorer health status than their metropolitan counterparts, a situation compounded by problems associated with accessing basic health care. Rural and remote communities share a number of distinctive characteristics, including isolation and problems of access, shortages and maldistribution of health care providers, small sparsely distributed populations, specific health needs associated with particular subgroups of the populations, and the special circumstances associated with often harsh environments.

Adequate transport and communications remain imperatives in delivering effective health care throughout rural and remote Australia and in ensuring access of rural and remote inhabitants to services.

Continuing and long term efforts are required to meet the particular health care needs of some rural and remote inhabitants, including Aboriginal and Torres Strait Islanders, the aged, young people, women and persons experiencing mental health problems. The NRHS should continue to articulate closely with associated programs and strategies targeting these issues (such as the National Aboriginal Health Strategy and the National Mental Health Policy).

To better meet the health needs of rural and remote communities the challenge of health systems is to find ways of responding efficiently and equitably to community demands and needs for better health outcomes. An effective rural and remote health policy and strategy should ensure:
accessible, acceptable and affordable health care based on population needs;
flexible approaches that address the specific needs of geographically and socio-
economically disadvantaged groups;
approaches to service delivery that take account of specific education and training
needs of health workers/practitioners;
multidisciplinary approaches within a co-ordinated framework;
an orientation to primary health care and public health in order to address direct
causative and underlying factors underpinning poor health status;
integration and co-ordination of health activities between related
Commonwealth and State programs in order to maximise intersectoral
linkages;
consumer participation in health care planning decision making; and
health services are able to demonstrate improved health outcomes.

It is with these broad goals in mind that the NRHS provides a co-ordinated and
agreed framework to ensure equitable access to effective health care for rural and
remote communities through the provision of appropriate health services, the
promotion of measures designed to maximise the health status of rural and remote
residents, and the adoption of strategies that minimise the barriers and problems
which currently impede the delivery of effective health care.

2. Initiatives adopted by State and Territory Health
Authorities in support of the NRHS

The NRHS proposals have been a major impetus to achieving significant
improvements in rural health planning, service provision, and education and training
of rural and remote health providers. A review of activities by Commonwealth, State
and Territory Governments testifies to the considerable achievements across all States
and the Northern Territory, as well as to many ongoing initiatives. A brief overview of
progress on the implementation of the NRHS's thirteen proposals is summarised
below. This overview merely highlights some of the many initiatives and activities
undertaken by Health Authorities across rural and remote communities. The major
review of the NRHS proposed for 1997 will provide a more comprehensive review of
progress resulting from the implementation of the NRHS. (The NRHS Proposals are
listed in ATTACHMENT A).

Proposal 1: Development of strategic frameworks or regional plans
Proposal 1 focuses attention on the need to identify local and health
priorities so that services can be provided as closely as possible to
the community while taking account of specific geographical
circumstances, the importance of community consultation in
this process, and the benefits resulting from increased co-
ordination and networking associated with strategic health planning.
All states have undertaken strategic planning within the parameters of this proposal, although the frameworks governing state health authority operations reflect the health policy directions of each state. Hence strategic planning ranges from statewide frameworks with regional application to the development of specific regional, district and local plans. In all instances, the planning process incorporates mechanisms which provide for widespread community consultation in determining health care priorities and appropriate planning responses, as well as epidemiological and population based assessment as the basis for identifying health care needs. Particular attention is directed towards special needs groups, such as Aboriginal and Torres Strait Islander peoples.

Proposal 2: **New models of health service delivery**

The development of models or frameworks that determine what level and mix of services is appropriate and essential for different communities remains at the forefront of concerns to ensure the provision of effective health services. This proposal has focused attention nationally on how best to provide services to rural communities based on principles of equity and social justice.

At the national level, the forum of Commonwealth/State Rural Health Policy Units has agreed to advance the model health plans concept as a reference point for States. A joint Commonwealth/State consultancy brief is being developed as the basis for progressing the development further. At the same time individual state jurisdictions are pursuing a range of new ways for health service delivery. These options include the redevelopment of small hospitals to better meet the changing needs of rural communities, maintaining Population and Public Health Units to monitor health needs and the effectiveness of health measures as part of the process of ensuring an appropriate composition and mix of health services to meet community needs, the development of purchasing plans which provide a framework for assessing special needs and health status as a basis for local health service provision and resource allocation, and a range of integrated models developed through community consultations.

Proposal 3: **Flexible approaches to funding and management**

States are maintaining progress in setting up multipurpose services as the central plank in the development of flexible approaches to the funding of aged and health care services in rural communities. Other initiatives being undertaken by the states include submissions to the Commonwealth to trial the cashing out of Medical and Pharmaceutical Benefits in multipurpose service communities, and to trial a rural pilot site for co-ordinated care under the COAG
arrangements. The States, Territory and Commonwealth are keen to accelerate the establishment of flexible funding and management arrangements.

The benefits resulting from implementation of this proposal include improved access to services within a more cost effective framework, greater responsiveness to community needs, increased co-ordination of services and level of service provision, and improved ability to care for the aged in the local community.

Proposal 4: Commonwealth Office of Rural Health

The Commonwealth has moved recently to establish an Office of Rural Health. Backed by State support, the Office will assume a functional role in promoting better co-ordination and integration of existing programs relating to the provision of rural health-related services, taking account of the special circumstances of rural and remote communities in mainstream programs, and determining the most effective process for enhancing the role of the Commonwealth in relation to the priorities targeted by the NRHS. The Office will also include a co-ordinating Committee of Divisional Heads and will be resourced from existing programs.

Proposal 5: Recruitment and retention issues

This NRHS proposal directed national attention to the significance of various strategies designed to foster improved recruitment and retention of health professionals in rural and remote areas. Ongoing recruitment and retention strategies targeting the rural health workforce remain a priority, with all states continuing to promote and maintain a broad range of initiatives.

A common factor across states has been the further development of Rural Health Training Units (RHTUs) to improve the access of health professionals working in rural areas to training and to support them in their respective roles. The RHTUs are placing increased emphasis on an integrated and multidisciplinary approach to the support, education and training of rural health care workers.

Examples of other specific state initiatives include funding undergraduate placement and support programs for rural practice; network supports (such as the Rural Doctors Resource Network, the Western Australian Centre for Remote and Rural Medicine and the satellite and regional allied health networks); funding for improved infrastructure in rural and remote areas; mandatory cultural awareness programs; support to extend rural scholarships across medical, nursing and allied health professionals; incentives for remote area nurses; improved locum arrangements; and enhanced career
pathways in rural and remote nursing practice and for Aboriginal Health Workers.

Proposal 6: **Education and training initiatives**

While this proposal places primary responsibility on the Commonwealth for action, most states have liaised with universities and training institutions to facilitate its implementation. Currently progress is being made to increase the representation of rural students within its undergraduate program, to develop appropriate curricula, to increase clinical placements in more rural locations, and to emphasise the need for and importance of a primary health care approach and cross-cultural training within training programs. The implementation of this proposal has resulted in greater familiarity with, and a more co-ordinated and relevant approach to, undergraduate education in rural health issues.

Proposal 7: **Specialist and allied health personnel availability and support, and generalist training**

A variety of State and Commonwealth initiatives reflect the progress being made to bring about improved availability of specialist medical services and allied health workers in rural and remote areas. These include strategies being developed in conjunction with the Specialist Colleges, increased support for outreach and visiting specialist medical services to isolated communities, Commonwealth funded specialist medical care pilot projects being conducted across Australia, increased use of interactive technology and telemedicine, support incentives for allied health workers, and developments to support generalist medical training through the Rural Health Training Units involving consultation with the Specialist Colleges.

Proposal 8: **Practice models and role formalisation involving rural nurses and Aboriginal and Torres Strait Islander health workers; and an education and training strategy for remote area health care providers.**

This proposal is designed to increase the confidence and competence of health workers facing complex clinical situations associated with isolated practice through more appropriate education and training. AHMAC has agreed to adopt nationally consistent approaches to legislative coverage and associated education and training arrangements for nurses working in designated isolated or geographically remote areas where there are no doctors or significant restrictions to accessing medical services. AHMAC agreed to take necessary action to ensure that nurses working in a designated area
have appropriate statutory and administrative coverage, induction and education for their expanded roles in relation to storage, supply, prescription, ordering and administering of medications and undertaking specified radiological and pathological examinations.

Several other significant developments have occurred with the funding of pilot projects in four states to evaluate alternative models for the practice roles of nurses and Aboriginal and Torres Strait Islander Health Workers in rural Australia. Other education and training initiatives in relation to rural nurses include the advancement of core curricula and training to meet their specific needs through university and RHTU training programs, and development of strategic planning for the education and training of Aboriginal health education officers. These initiatives have increased the involvement of Aboriginal and Torres Strait Islander people within the public health system in rural settings and improved the delivery of culturally appropriate health services.

Proposal 9: Best practice models and multiskilling

All states have moved to encourage best practice in health service delivery, although the responses vary across individual jurisdictions. The range of mechanisms includes the development and adoption of standard treatment manuals; use of enterprise agreements to gain quality service outcomes; development of a rural information technology strategy to assist in monitoring the impact of best practice models at the local level; demonstration of best practice through specific programs, projects, and targeted conferences; and adoption and implementation of best practice protocols, procedures and accreditation standards of the Australian Community Health Association. A commitment to multiskilling is evident in the development of strategies to address issues of multiskilling for specific services and situations. Further work is required to progress this proposal.

Proposal 10: Mainstream program adjustments to better meet the special needs of target groups

This proposal targeted the need for improvements in rural mental health services and the health services for Aboriginal and Torres Strait Islanders in order to reduce health inequities for specific population groups. All states have implemented measures to achieve improved health outcomes for Aborigines and Torres Strait Islanders, including the development of Aboriginal Health Strategic Plans, increased Aboriginal management of health services, and improved delivery of culturally appropriate services to the Aboriginal and Torres Strait
Islander communities. In addition, the establishment of a Forum of Aboriginal Health Policy Units complements the development of Aboriginal Health Offices in various States. In the Northern Territory, Aboriginal health is the highest priority of the Territory Health Service, with the indigenous population being the major consumer of mainstream services.

The Commonwealth Department of Human Services and Health assumed responsibility for funding indigenous health care on 1 July 1995. Through its Office of Aboriginal and Torres Strait Islander Health Services, the initial focus will be on strategic planning and needs assessment as the first stage of facilitating improved health outcomes for indigenous peoples.

Health Authorities are taking action to reduce the inequity of funding between metropolitan and rural areas in relation to mental health services, with a consequent improvement in their provision in rural and remote communities. In addition, states have sought to bring about changes through measures such as improved access to mental health services; greater emphasis on community based mental health services, Aboriginal mental health workers, Aboriginal liaison teams and on-call crisis teams; more specialist support and visiting services; use of telepsychiatry; and improved vocational training and continuing education for mental health. Progress in bringing about improved availability of mental health services has been hampered by problems associated with attracting and retaining psychologists and psychiatrists in rural and remote areas.

Proposal 11: Special needs of isolated communities

Progress in changing funding arrangements so as to better meet the needs of isolated communities has been slow. The main concern continues to be how to overcome the limitations of current Commonwealth provider based funding arrangements in areas where there are no providers or where providers cannot access the entitlements. Particular concern has been expressed about the lack of appropriate delivery systems to allow access to funding normally provided through the Medicare and Pharmaceutical Benefits Schemes. In isolated areas of Northern Australia alternative approaches to funding need to be considered. The Northern Territory and Commonwealth are combining to develop a paper as a catalyst for further action.

Meanwhile, States are pursuing a range of measures which meet the unique situations characterising isolated communities, including
submissions to the Commonwealth to pilot arrangements for cashing out pharmaceutical benefits, workshops and special training programs through RHTUs which focus on public health requirements facing isolated health workers, specific mobile and outreach services for remote communities (especially in the Northern Territory), and increased funding for primary health care services.

Proposal 12: **Primary health care approach and public health**
States continue a range of activities in support of public health and the implementation of primary health care approaches. Public/population health units play a major role in monitoring improvements in the health of rural and remote populations. Rural Health Training Units in several states are offering programs in public health and/or primary health care. As well, a range of projects in these areas have received increased funding, with primary health care projects initiated in the majority of states. Other approaches to the implementation of a primary health care approach include increased attention to facilitating greater activity by GPs in health promotion and illness prevention programs. In line with its special circumstances, the Northern Territory has embarked on developing a strategy that takes account of regional variation, identifies more realistic targets, and focuses on the underlying factors associated with poor health status. Opportunities for co-ordinated projects (including some of those being carried out by GPs in rural Divisions) conducted in conjunction with the primary health care activities of State Rural Health Policy Units should be maximised.

Proposal 13: **National and local indicators for rural and remote Australia**
Commonwealth funding has been allocated for a combined State project designed to formulate appropriate benchmarks for the development and delivery of health services through the creation of a set of national and local performance health status indicators for rural and remote Australia. Meanwhile, ongoing activity of individual jurisdictions in all states in progressing the development and use of indicators to measure health outcomes will also be helpful in this regard.
3. Benefits of the NRHS and impediments to further progress

The review of initiatives adopted by Commonwealth, State and Territory Health Authorities indicates significant progress in relation to many of the NRHS proposals. These achievements are all the more noteworthy given that they have been accomplished in a relatively short timeframe.

Despite the difficulties associated with disentangling the outcomes reported by Health Authorities from the many other programs and initiatives, much of this progress can be attributed directly to the NRHS. The overall benefit of the role of the NRHS was summed up best by one State Health Authority: "The Strategy has acted as a vehicle for drawing together a range of key stakeholders and agencies towards co-ordinated statewide planning and evaluation of progress in rural areas".

The review of activities undertaken by State and Territory Health Authorities since the NRHS was endorsed by AHMC in March 1994 has enabled an assessment of the benefits resulting from the implementation of the NRHS, as well as the identification of some of the impediments to further progress and those areas where further action is required.

(i) Benefits resulting from implementation of the National Rural Health Strategy proposals

The Commonwealth, State and Territory governments identified significant benefits of the NRHS in their quest to improve the health status of rural and remote Australians. The NRHS has served not only to raise the profile of rural and remote health issues, but has simultaneously provided a useful vehicle to guide national policy, facilitate progress according to individual health authority circumstances and timeframes, and to educate communities on priority issues. Specific benefits include:

- Recognition of the need for flexibility in meeting specific circumstances of each state while at the same time recognising the importance of a co-ordinated national approach (General);
- Improved co-operation, cohesion and consultation (General);
- Improved targeting and greater focus on specific health needs of rural and remote communities (Proposal 1);
- Move to needs based planning and identification of local priorities based on principles of social justice and equity (Proposal 1);
- Move to provide services as close as possible to where people live (Proposal 1);
- Framework for service development, including integration of services that meet the needs of local communities, flexibility, and improved access within a cost-effective framework (Proposal 1);
- Recognition of importance of flexible funding arrangements in order to better meet the needs of rural residents (Proposal 3);
• Moves towards more appropriate ways of providing services that take account of small size, location, and special needs have helped maintain the viability of small sites (Proposal 3);
• Development of RHTUs for workforce education and training activity (Proposal 5);
• Improved delivery of culturally appropriate services (Proposals 5, 6, 8, 10, 11, 12);
• Emphasis on multidisciplinary teamwork in providing health care (Proposal 9);
• Improved networking and partnership arrangements for local health services (Proposal 9);
• Emphasis on the importance of intersectorality, primary health care and public health measures (Proposal 9); and
• Expansion in primary health care (including health promotion and use of preventive health strategies) especially for communities most in need (Proposal 12).

(ii) Impediments to progressing further implementation of the National Rural Health Strategy proposals

The complex interrelationships that characterise many rural health issues ensure that attempts to overcome problems of ill health in rural and remote communities will not be without problems. A wide range of jurisdictions is charged with responsibility for the implementation of rural health initiatives. Ensuring that appropriate consultation occurs among these authorities can take considerable time. Moreover, unlike other strategies which are linked to specific purpose funding, the proposals outlined in the NRHS are not accompanied by dedicated resources allocated specifically for their implementation. Other impediments to achieving further progress include:

• Time required to implement plans and evaluate changes (General);
• Some rural disincentives are not easily redressed by the health system alone, and the need for intersectoral co-operation remains considerable (General);
• Inadequacy of rural health status and workforce data (General);
• Barriers resulting from lack of co-ordination (General);
• Service mix and model health plans require further work (Proposal 2);
• Changing traditional provision of services and reallocating resources, including limited availability of nursing home beds and refocussing resources from acute care to prevention and early detection (Proposals 2, 3, 12);
• Fear and apprehension of change by some communities and involving some providers (Proposal 3);
• Flexible funding strategies not being pursued sufficiently at Commonwealth level (Proposals 3, 11);
• Fragmented nature of Commonwealth programs and activity and resulting contradictions (Proposal 4);
• Inadequate progress on recruitment and retention issues relating to non-medical health workers, including structural impediments that restrict participation in education and training programs (Proposals 5,6,7);
• Industrial demarcation issues and inflexible industrial relations restrict workforce strategies (Proposals 5,7,9);
• Difficulty of achieving a multidisciplinary focus (Proposals 5,9); and
• Dependence on limited and uncertain program funding, such as RHSET, for key initiatives (Proposals 5,7,8,11).

4. **Best ways of progressing improved rural health**

Information resulting from the review of progress on the implementation to date of the NRHS proposals assists in priority setting and strategic planning in relation to rural health. The review also takes into account government obligations, stakeholder interests and community needs. In addition, it facilitates ongoing program development by providing the opportunity to reflect on what might be modified in order to improve the likelihood of meeting the intended objectives.

The progress that has been made to date would not have been possible without the considerable input of stakeholders such as the National Rural Health Alliance and consumers who have worked in partnership with health authorities across Australia.

It is now timely to assess the need to which the NRHS and its proposals should be refocussed and revised as a result of progress in their implementation and the changing needs and priorities of rural and remote health workers and their constituencies. These changing needs were reflected in the recommendations emanating from the Third National Rural Health Conference and encapsulated in the 'Winter Manifesto' put out by the National Rural Health Alliance.

Improvements in the health status of rural and remote Australians require continued progress in all directions outlined in the NRHS. This update has provided the opportunity to reflect on achievements against the NRHS proposals. The overview provided above indicates priority areas (such as strategic planning and workforce issues) where considerable progress has been achieved and action is continuing. In other areas, (such as service mix, co-ordination and integration, meeting the special needs of isolated communities, and rural health goals and targets) progress has been slower because the issues are extremely complex and difficult, funding is sometimes inadequate, and there is a long lead time before outcomes can be identified. These issues still require priority attention and action but may require consideration of alternative approaches. At the same time, new issues (such as the role of interactive technology in education and training and the delivery of services) have emerged that warrant increased priority.
In progressing all these issues it is vital to maintain the partnership arrangements between rural and remote communities, the wide range of public and private health care providers represented by key stakeholder groups and peak organisations, and all levels of governments.
Part 2: Key strategic directions in rural health and priority proposals

In order to maintain the momentum of progress in relation to improving the provision of health services and workforce in rural and remote areas, and to continue to bring about improvements in the health status of rural and remote inhabitants, it is vital that Commonwealth, State and Territory health authorities continue to address the issues underpinning the proposals of the National Rural Health Strategy. At the same time, it is important to recognise that the balance of provider and consumer needs and priorities change over time as the result of ongoing progress and new developments. The submissions from the State/Territory and Commonwealth Forum of Rural Health Policy Units, combined with the recommendations outlined in the National Rural Health Alliance's 'Winter Manifesto' testify to the need to reconsider the priorities accorded to the NRHS proposals at this time.

The thirteen proposals of the NRHS fall within the following broad priority national issues:

- Strategic frameworks/regional plans;
- Service mix;
- Funding, co-ordination and integration;
- Workforce recruitment, retention, education and training;
- Special needs;
- Rural health care goals and targets; and
- Health outcome measures.

Based on review of progress and achievements listed in PART 1, the issues identified in the submissions of the State/Territory and Commonwealth Forum of Rural Health Policy Units, and the recommendations that emerged from the National Rural Health Alliance's Third National Conference, a revised strategic framework may now be more appropriate as the basis for considering the critical rural and remote health issues.

The simplified framework proposed enables priority issues to be considered within five broad categories outlined below. The conceptualisation underpinning this framework accords the health status and needs of rural and remote Australians paramount importance. The framework also enables evaluation and monitoring activities to focus more on improvements in both workforce and health status outcomes that result directly from actions relating to implementation of the NRHS proposals.
For each of the five broad categories of the framework and based on the information available, proposals that warrant specific priority in the period leading up to the intended major review of the NRHS following the National Rural Health Conference scheduled for 1997 are listed. Further significant progress could be made if the appropriate mechanisms are put into place during this period.

1. **Rural health care needs:**

- Health services can only be effective if they address the problems that contribute to the comparatively poor health status characterising rural and remote communities. Therefore, it is vital to understand the links between the health needs of rural and remote Australians and the direct causative and underlying factors with a view to ensuring that services are appropriately targeted.

Issues requiring further attention include:

- Improved information to allow better targeting of services towards causes of ill-health.
- Special needs of specific population groups, particularly the needs of Aboriginal and Torres Strait Islanders, the aged and mental health.

**Priority proposal:**

(a) Particular attention should continue to be directed to the special needs of Aboriginal and Torres Strait Islanders, the aged and mental health. National Goals and Targets, and other policies like the National Child and Youth Policy and the National Public Health Policy and Action Plan for Australia, will continue to be important and provide appropriate frameworks for addressing emerging needs.

2. **Resource allocation and service provision:**

Key issues relating to the provision of health services in rural and remote areas remain how best to provide health care resources in areas currently unserved, underserved or inappropriately served, and how to ensure that mainstream programs are accessible and effective in meeting the health needs of rural and remote area residents.

Issues requiring further attention include:

- Population based funding models (incorporating all appropriate measures of needs) which ensure that rural and remote communities receive an equitable share of resources.
- Attention to integrated funding options so that resources can be pooled to more adequately meet local community needs, and to improve coordination and integration of services provided from different sources thereby allowing increased flexibility in service delivery.
• Alternative, more appropriate funding models in order to increase primary health care and public health activities and to accelerate and expand multipurpose service arrangements.

• Further development of mobile and outreach services.

• Use of interactive technology for service delivery.

Priority proposals:

(b) Commonwealth, State and Territory governments should re-examine the mechanisms which currently underpin the funding arrangements for rural and remote health services. In order that funding arrangements provide equity of access for equivalent needs, greater flexibility is required to better link funding to health needs and outcomes. Options for increasing flexibility to allow the integration of more services within multipurpose service arrangements should be pursued with some vigour. (The newly established Office of Rural Health might take a lead role in this regard.)

(c) The development of model health plans that identify more appropriate ways of providing services to small, isolated communities with special needs requires further work. In developing such models, there is considerable scope for identifying minimum standards that outline the resources needed to ensure the provision of access to a full range of appropriate services while at the same time meeting the health entitlements of all consumers.

3. Rural and remote workforce issues:

Further ongoing action is required to meet the education, training and support needs of the rural and remote health workforce. This should occur within the context of the National Framework for Education and Training Arrangements for Rural Health Services.

Issues requiring further attention include:

• Maintenance of recruitment and retention activities for appropriate health service providers, especially in relation to allied and mental health services and specialists.

• Continuing commitment to funding for education, training and particularly support activities for the rural and remote health workforce.

• Complementing normal conference and workshop activities, delivering education and training as close as possible to the workplace so as to improve access for health workers and to alleviate their need to travel elsewhere.

• Maximising the potential of interactive technology for workforce education and training. Adequate and appropriate support and training to use interactive
technology is vital in realising its value in complementing face-to-face provision of health care to rural and remote communities.

Priority proposals:

(d) A continuing commitment to funding for priority functions relating to the recruitment and, in particular, retention of the rural and remote health workforce be maintained. Foremost in achieving this objective should be funding arrangements which guarantee support measures for the rural and remote health workforce, as well as education and training activities including those conducted through the Rural Health Training Units.

(e) In line with the considerable advances being made in relation to workforce issues associated with the rural and remote medical workforce, the education, training and support needs of rural nurses, remote area nurses, rural allied health professionals, and indigenous medical, nursing and health workers should receive high priority. Particular attention should be directed to supporting core competency and curriculum development and implementation, and facilitating the development of support options which enable rural nurses, remote area nurses, rural allied health professionals and indigenous medical, nursing and health workers to take advantage of existing education and training programs. Rural Health Training Units are seen as appropriate vehicles for achieving this outcome. Attention should be given to methods of recruiting more indigenous students into all health science programs, including medicine.

(f) Attention should be given to increasing the scope for using interactive technology for both service delivery and workforce education and training. The considerable potential of interactive technology for reducing the ‘tyranny of distance’ and alleviating problems of access facing health workers practising in rural and remote communities has yet to be fully realised.

4. Primary health care approach:

While acknowledging the importance of ensuring adequate acute and emergency services, a critical issue is how to reduce people’s dependency on curative care and encourage them to take greater responsibility for ensuring that problems of ill-health do not arise. Particular attention should be given to educating and meeting the needs of young people.

Issues requiring further attention include:

- Greater role of health promotion and public health training as part of rural health training programs.
- Maintaining a population health focus.
• Increase in primary health care and public health activities owned by the community and supported by changed funding arrangements. Central to this activity is community participation in planning and decision-making and the need to resource such involvement.

• Further development of intersectoral linkages and collaboration.

**Priority proposal:**

(g) In seeking to improve the general health status of rural and remote communities, considerations of population health need to form the basis of planning for primary health care programs. Concurrently, changed funding arrangements would facilitate and encourage greater attention to primary health care and public health activities.

5. **Evaluation and health outcomes:**

In order to target resources efficiently in relation to need, it is critical to evaluate the effectiveness of intervention measures in contributing to improvements in the health status of people.

Issues requiring further attention include:

• Improved data for monitoring the health status and workforce characteristics of rural and remote communities, the level of accessibility to services, and the impacts of different models of service delivery.

• Relating health funding more to health outcomes.

• Improved benchmarking strategies for monitoring the effects of intervention measures on health outcomes.

• Properly resourcing the Office of Rural Health to adopt a strategic role within the Commonwealth government in overseeing information collection, dissemination and evaluation activities in relation to health outcomes in rural and remote areas, and facilitating co-ordination of linkages between key agencies associated with the collection and dissemination of information on health status and workforce data.

**Priority proposal:**

(h) Given the priority need to improve the availability and quality of national health data of rural and remote communities, work should accelerate the collection and dissemination of relevant information relating to health needs, accessibility, and service delivery models. The development of agreed measures of health status in rural and remote areas would assist in providing baselines against which to monitor the effectiveness of the measures associated with the implementation of the NRHS.
The Way Forward

Significant changes continue to characterise communities throughout rural and remote Australia. These changes include ongoing population movements to and from many regions, the social and economic impact of the recent drought, the reorganisation of health and community services brought about by governments, and a perception by rural and remote area inhabitants of an increased sense of powerlessness and alienation and of diminished political influence of rural Australia. At the same time, many rural and remote communities continue to offer opportunities, challenges and a quality of life that remain unsurpassed.

The priority proposals outlined in this update recognise the changing context of rural and remote Australia. Their implementation, in conjunction with the original proposals of the National Rural Health Strategy, chart the way for improved support, education and training of the rural and remote health workforce, and improvements in the health status of rural and remote communities. Successful implementation of these proposals will require a continued close collaborative partnership between all levels of government, health care providers, government and non-government agencies, professional organisations and communities.

The comprehensive review of the National Rural Health Strategy proposed for 1977 should maintain the priority accorded by all rural and remote health stakeholders to

- ensuring equity of access to quality health care,
- improved integration and co-ordination between services,
- close intersectoral co-operation among government programs,
- flexibility in order to take account of the great diversity that characterises rural and remote communities and necessary to ensure appropriate health care for their inhabitants, and
- evaluating the health outcomes that result from the implementation of the National Rural Health Strategy proposals.
Summary of NRHS proposals

Proposal 1:
State and Territory Health Authorities should facilitate the development of strategic frameworks or regional plans for each of their rural regions incorporating National and Statewide policies and guidelines with informed community participation.

Proposal 2
Health Authorities, in conjunction with the community and non-government agencies, should further pursue the development of frameworks, such as model health plans, as examples of how services might best be delivered to rural communities. Initial attention should focus on developing models that identify the level and mix of health services appropriate for different sizes and types of rural communities.

Among the factors such models will reflect are health status, the social and economic composition of the resident population, the nature of population change, geographic location and the distance of the community from major service centres.

Model health plans should be sufficiently flexible to cover the broad range of needs which characterise rural communities, and should maximise community participation and involvement in the planning process. A priority should be given to meeting the needs of people in remote areas.

Funding for this activity should be sought under the RHSET program with the Commonwealth establishing a steering group, including representatives of State Health Authorities, to commission and oversight the progress of activities.

Proposal 3:
The flexible approaches to funding and management arrangements between the Commonwealth and States for aged care and health services in rural communities should be accelerated and expanded. This is the subject of the current Australian Health Ministers' Advisory Council working party initiatives in relation to multipurpose services and nursing home type patients.
Proposal 4:
A Commonwealth Office of Rural Health should be established in the Department of Human Services and Health to promote the integration and coordination of the funding and provision of rural health-related services.

Proposal 5:
As well as supporting action in the priority areas proposed in this strategy, Health Authorities should continue initiatives aimed at improving the recruitment and retention of the rural health workforce.

Proposal 6:
The Commonwealth, through the Minister for Health and the Minister for Employment, Education and Training should introduce:

(a) arrangements which provide for tertiary institutions, on advice of AHMAC, to base decisions about health science course intake numbers and curricula that reflect workforce and workplace requirements;

(b) the adoption by tertiary education institutions conducting health science courses targets of:

(i) a minimum of intakes of students from rural backgrounds in undergraduate courses no less than the proportion that rural communities represent of each State's population; and

(ii) an increase in the number of undergraduate clinical placements being in rural locations;

(c) arrangements to undertake a comprehensive evaluation of undergraduate selection and rural clinical practice initiatives in order to assess their impact and effectiveness on the recruitment and retention of rural health care providers;

(d) curricula for health care provider courses of core units incorporating a primary health care approach to practice and cross-cultural training with an emphasis on Aborigines and Torres Strait Islanders where appropriate; and

(e) additional courses providing preparation for rural practice and options for reducing the costs to people undertaking those courses.
Proposal 7:

In conjunction with ongoing programs designed to recruit and retain health care providers in rural areas, all Health Authorities should identify and implement specific initiatives directed towards:

(a) developing ways in which specialist medical support for rural GPs can be improved;
(b) increasing the availability of both resident and visiting specialist medical services in rural areas;
(c) increasing the availability of allied health personnel and managers in rural areas; and
(d) encouraging specialist medical colleges to take positive steps to improve:
   (i) the supply of suitably trained medical specialists in rural areas;
   (ii) training for generalists particularly in surgery; and
   (iii) training in mental health for general practitioners.

Proposal 8:

In relation to health care providers practising in rural Australia:

(a) action should be taken to formalise and legitimise existing roles of rural nurses and Aboriginal and Torres Strait Islander health workers and to provide more resources to accelerate Aboriginal and Torres Strait Islander health worker education programs;
(b) pilot projects should be undertaken to evaluate alternative models for the practice roles of nurses and Aboriginal and Torres Strait Islander health workers in rural regions undersupplied with medical services; and
(c) an education and training strategy for remote area health care providers should be developed. This strategy should take account of:
   (i) training needs according to the circumstances of practice;
   (ii) the special needs of remote area nurses;
   (iii) the development of core curricula;
   (iv) arrangements for providing the training; and
   (v) arrangements to enable health care providers to undertake the training.

This activity should be undertaken by AHMAC.
Proposal 9:
Action should be taken by all Health Authorities to develop and implement innovative best practice models in order to maximise the opportunities for multiskilling of health workers and the expansion of multidisciplinary activities.

Proposal 10:
During 1994-5, mainstream programs should seek to better meet the special needs of target groups in rural areas, and of these special priority should be given to improving:

- the coordination and streamlining of funding and management of health services for Aborigines and Torres Strait Islanders; and
- rural mental health services.

Proposal 11:
For isolated communities, there needs to be:

(a) a re-examination of the Medicare funding arrangements to better meet the unique health needs of those communities;
(b) the development of funding mechanisms to facilitate a greater emphasis on primary health care;
(c) an increase in the availability of training in public health, with Health Authorities facilitating increased participation by health care providers;
(d) an investigation of the use of mobile or outreach services and flexible service delivery and management methods where population density is too low to support fixed services; and
(e) increased training in and commitment to the primary health care approach, initially targeting community leaders and people with health service management roles.

Proposal 12:
During 1994-5, special emphasis should be given by Health Authorities to implementing primary health care approaches for meeting rural health needs and to public health programs targeted towards the early detection and prevention of health problems consistent with agreed National Health Goals and Targets. Given national recognition now being accorded to health promotion and prevention of ill health as a priority concern in rural areas, there should be a review of the Medicare funding arrangements in order to identify ways in which the arrangements, including Medical Benefits and incentive payments, could more appropriately support public health activities.
Proposal 13:  
It is suggested that AHMAC supports the development and adoption of national and local indicators for rural and remote Australia in order to:  
- measure performance in the development and delivery of services;  
- measure the health status of rural and remote populations;  
- monitor health outcomes for rural and remote populations, including those for specifically targeted groups; and  
- provide communities with information about their health status, by requesting the State/Commonwealth steering group outlined in proposal 2 to report to AHMAC on:  
  - the current status of indicator use and development;  
  - priority areas for funding of special projects to advance the development of indicators for specific rural issues; and  
  - targets for health status of rural and remote populations. 

It is further proposed that, pending the development of indicators, an interim set of outcome measures be adopted to monitor the progress of health service performance in rural and remote areas which relate to the priorities outlined above, namely:  
- Regional health plans or frameworks are available to provide directions for the delivery of rural health services;  
- Applications for funding to pilot model health plans within priority categories have been submitted to RHSET;  
- The number of multipurpose trial sites has been expanded and alternative funding models implemented;  
- There is an increase in the number of rural health service personnel accessing rural health training programs; and  
- There is an increase in the supply of targeted health care providers and a reduction in the turnover rate of health care providers employed in rural areas.