11th Conference Recommendations

To date the following recommendations have been received. This recommendations page will be updated as recommendations are generated from Concurrent sessions and delegates during the Conference.

The NT Government should provide financial support to food assistance programs and there should be mapping of food assistance programs throughout the NT to identify gaps in the provision of food assistance programs.
FBA-affiliated food banks should evaluate the interventions that influence the purchasing behaviours of organisations/services, to highlight the impact these interventions are having on the provision of healthy foods in food assistance programs.
That surveys be undertaken to establish the effectiveness of the Garden Tucker Program in changing attitudes to growing fruits and vegetables and in changing eating habits. A follow-up survey at 3 months post workshop be undertaken to record whether knowledge and skills were utilised and behaviours changed.
That Community and Allied Health Workers explore the possibilities of Arts in Health programs when working with young people in rural and remote regions.
That collaboration between jurisdictions be encouraged to improve volunteer access to training in rural and remote communities; and that networks be established to support the ongoing sharing of resources and workforce experiences.
That state, territory and local governments collaborate with local educators & health providers to facilitate growth in the local health workforce.
That the Australian or State/Territory governments provide grant funding to enable qualitative research on primary health care initiatives that have worked in remote locations.
That the Australian Government revise the timeframe for the establishment of Medicare Locals to allow sufficient time for Divisions of General Practice to identify and engage potential partners, assess their readiness and capacity for collaboration prior to developing an agreed vision for health service reform in their region of interest.
That the Australian Government provide funding to Divisions of General Practice for Medicare Local collaborative strategic planning.

That the approach taken in four states to make the Comprehensive Health Assessment Program (CHAP) tool available be implemented as national policy so that all GPs have access to it and are made aware of it and that associated with this, there is a national campaign to promote the evidence of better health outcomes through health assessments, funded by the Commonwealth through university centres of disability health and awareness that people with an intellectual disability make up 2% of the population or more.
That Australian Medical Schools together with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine increase visibility of intellectual disability of health in their curricula and including more substantial opportunities for students to interact with people with an intellectual disability
That the collaboration between the Commission and WACHS be ongoing to ensure new and revised health and disability sector policies continue to support improvements to therapy services for people with disabilities. That other agencies and regional planning authorities be encouraged to consider partnership arrangements to improve services for people living in rural and remote areas, and increase support and training for staff working in these areas.
That the Western Australia Health Department investigate during the next four years, the development of structured cardiac rehabilitation programs in clinics in regional centres throughout the rural and remote areas of Western Australia. The project could be funded from the Royalties for Regions Program. The clinics should be attached to major country health services in WA with a dedicated Cardiac Nurse Co-ordinator to manage the program. Allied Health practitioners such as Physiotherapists, Occupational Therapists, Dieticians and Exercise Physiologists would provide support and education on recovery, exercise and healthy living to country patients after returning to their homes after heart operations and procedures in metropolitan hospitals.
That the states and territories which are remodelling their health services in response to their agreements with the Australian Government develop shared visions and collaborate on the planning of service provision, GP recruitment and support for the rural health workforce that meets the medical needs of rural and remote communities.
That State Governments systematically collect and analyse workforce data from health services to determine patterns of workforce retention and inform effective workforce planning.
That Australian, state and territory government health authorities and workforce planning agencies undertake analyses of workforce data derived from health service human resource records, with the view to strengthening the evidence-base informing rural health workforce retention.
That the NRHA support the development of a national rural and remote brain injury rehabilitation network to achieve equity of rehabilitation for people with brain injury living in rural and remote areas.
That the development of rehabilitation guidelines for Aboriginal people following acquired brain injury, be based on current research.

That the State or Federal Government should ensure that aged care support includes the availability of community-based care co-ordinators whose sole role is to work one-on-one and face-to-face with older people to assist them to understand, source, negotiate and manage available services and care to meets their individual needs.
That the Australian Government support the mobile low-care nursing home in the bush, an existing respite care program, with funding for two staff and a subsidy to cover the costs of maintaining and running a motor vehicle (up to $110,000).
That the Australian Government extend the mobile low-care nursing home in the bush program to service more remote indigenous communities improving health and wellbeing of carers and care recipient; to work with other service providers in a collaborative way, to deliver health, education and training in a culturally appropriate manner; and to educate and train indigenous staff to be able to facilitate culturally appropriate respite options on their own communities, empowering them an improving overall health and wellbeing.
It is recommended that Local, State and Australian governments; rural and regional Divisions of General Practice and key rural community service organisations and potential co-funders consider promoting and implementing *Good Sports, Good Mental Health – Build Your Game* through rural and regional sports as means of strengthening community capacity over time to manage depression, anxiety and related alcohol use in rural communities.
Based on a range of current evidence showing the efficacy of online interventions , it is recommended that there be funding of the expansion of the Suicide Call Back Service's suite of online services. Specifically, there be funding of the development of a web-based facility dedicated to supporting professionals in rural and remote communities, providing an online option for professional supervision, debriefing, education and training regarding the risk assessment and management of clients that are at risk for suicide. It is also recommended that there be funding of the development of an online counselling facility to support those at risk of suicide, those concerned about or caring for someone at risk of suicide, and those bereaved by suicide.
It is recommended that the Health Department consider adding accredited exercise physiology professionals to Allied Health Services.
That the Tasmanian Dept of Health & Human Service resource management teams within rural in-patient sites capture and use successful evidence-based system changes and associated safety and quality strategies as a focus for reflection to guide and maintain momentum in any site/inpatient facility.
That the Tasmanian Dept of Health & Human Services (that currently resources primary health safety and quality teams) should provide support and advice to inpatient facility staff on primary health care-focused learning culture.
Health promotion policy for remote indigenous communities developed by the Australian Government's Department of Health & Ageing Office for Aboriginal & Torres Strait Islander Health (OATSIH) needs to include onsite healthy lifestyle behaviour programs to assist remote indigenous people attain the skills necessary to live a healthy long productive life in a township environment.

Significant language and cultural barriers currently limit access and participation by Indigenous Australians to the National Bowel Cancer Screening Program. It is recommended that the Department of Health and Ageing give consideration to these issues in the development and implementation of all future national screening programs.
It is recommended that Federal and state governments make provision in Australia's health and agricultural budgets and policy and programming for Sustainable Farm Families (SFF) type programs to be made available across agricultural industry groups.
It is recommended that Federal and state governments provide in Australia's health budgets and policy and programming for Sustainable Farm Families (SFF) type lifestyle modification programs to be piloted across other non agricultural industry groups.
That the NRHA approach the Health Minister to ask her to instruct the NHMRC and ARC to make rural, regional-level health impact and risk assessments a funding priority, particularly applied community-based partnership projects with local government and primary healthcare.
That the Australian Government and the NRHA support a campaign to inform the healthcare workforce and rural communities of the likely impacts of long-term, high risk alcohol use in rural populations.
Because supply reduction is the most effective means of reducing alcohol consumption, State Governments should include local community members and health workers in Liquor Accord negotiations to influence supply reduction measures.
Education providers should consider the incorporation of arts into mainstream health science curricula to offer students a better understanding of how art can influence the health and wellbeing of both their patients and themselves.
That the Department of Health and Ageing fund the development and implementation of The Clearing House Program by a general practice stakeholder group to ensure easy access to current and relevant information for general practitioners, nursing and allied health staff and administrative staff.
That the Department of Health and Ageing fund the development and implementation of a rural general practice manager network program which will include a mentor and mentee practice management program, an email discussion forum, on-line professional development and annual face-to-face meetings with educational components to increase practice viability and improve ability to recruit and retain clinical and administrative staff.

Based on the premise that health resources, including funds, infrastructure, materials and workforce are finite, and efforts to address the social inequalities that contribute to the excess health burden in very remote communities in Australia are necessary and ongoing, the following strategy may help to guide the allocation of resources and plan infrastructure development and workforce recruitment and retention: - identify which of the very remote communities in each Health Service District have health outcomes, including avoidable mortality rates, that are significantly worse than other, comparable communities; - examine the epidemiological factors which are associated with poor health outcomes in these communities and focus resources towards specific issues (such as poverty, overcrowding, lack of education and employment opportunities) in target communities; - analyse the differences in the epidemiological variables between those very remote communities which have the best and worst health outcomes, and use lessons from the most successful remote communities to guide strategies to address the imbalance in the least successful communities. The responsible stakeholders in this strategy are State Government Health Services, Regional Health Service Districts, Community Health Councils and the Federal Department of Health and Ageing. This study demonstrates that a preliminary analysis along the lines of that suggested above is possible using available data, with minimal expenditure in terms of time, manpower and money. Data collected for the purpose of more refined analysis would be more complete and valuable; planning for this could form part of the upcoming Census strategy.
In order to address the disproportionate effect of injury in Indigenous communities it is recommended that a fully integrated approach is taken involving first and foremost community through engagement and communication, and then the collaboration of all relevant sectors including local government, education, justice, health and recreation.
Those involved in the design, development and delivery of undergraduate and graduate medical curriculum should include oral health content within core medical curriculum.
Until the time that oral health content is delivered within core medical curriculum, we recommend that elective courses such as Global Health should further expand their curriculum to include oral health.
Medical schools will need to upgrade generalist academic themes and health services will need to develop and resource appropriate career paths.
That the Australian Government develop, fund and evaluate a pilot study in each state in 2012-14, in consultation with rural-based parent organisations, of the establishment of alliances with rural education and health services and increased involvement of parent's and carers in Child and Adolescent mental health care.
It is recommended that professional organisations and employers of health professionals promote and facilitate training in the use of ultrasound for health practitioners practicing in rural and remote areas

It is recommended that health services purchase and make available to suitably trained health practitioners robust and easy to use equipment in order to offer ultrasound examinations to patients living in rural and remote areas where distance, availability of transport and other support services represent barriers to access to diagnostic services limit their access to services.
Individual practitioners within health services, in concert with organisational managers and clinical governors should foster, support and harness individual enthusiasm and diligence in the workplace as an essential component of continual improvement in health care.
Managers and clinical governors within individual health services, in concert with both their work forces and national policy bodies should maintain active strategic oversight of local needs and be prepared to react swiftly where opportunity and evidence provide a prospect of viable and reasonable local action.
Australian Commission on Safety and Quality in Health Care (or a similarly constituted national body in the future), acting as a resource to individual health services should ensure equitable access to co-ordinated and evaluated best practice models. A national clearing house for best practice in health care should establish a `rural practice lens' to identify and supply national and international best practice models equitably to all Australian health services, taking into account, where necessary, the specific needs of rural and remote health services.
Health Services should investigate the introduction of a service similar to OAHKS to better manage OA patients and assist in maintaining their overall health status.
That the Australian, State and Territory governments provide additional funding to support the training of health professionals who do not specialise in the field of incontinence, to address the severe lack of continence services in rural and remote communities. The additional professionals would assist in identifying bladder or bowel control problems at an earlier stage and preventing long-term damage.
That the Continence Foundation be supported in its work to include a module about continence promotion and care in vocational education for Indigenous health workers. That the Continence Foundation of Australia provides support and reference material for Aboriginal and Torres Strait Islanders to use in health assessments. These will include a screening question for incontinence and other bladder or bowel control problems.
It is recommended that in reviewing their current recruitment and retention strategies for Indigenous students, Australian Medical Faculties give consideration to the establishment of a Pre-Medicine Program.
That the Conference welcomes the report of the Productivity Commission "Caring for Older Australians" and urges the adoption by the Australian Government of its recommendations, particularly the establishment of a single gateway.
That the Australian Government provide funding for appropriate training of nursing and caring staff in rural residential aged care services to be trained in: practical oral health care skills; conducting comprehensive oral health assessments; and developing and auditing oral health care plans routinely and regularly.

That the Australian Government fund a relevant dental association to manage an Older Persons Dental Outreach program for public and private dentists. The dentists should be funded for appropriate equipment, remuneration and professional development to provide routine outreach oral health services to rural residential aged care services.
Community groups, LGAs, Health workers, service groups to ensure that organising and mobilising communities becomes a key focus in the defeat of cancer in metropolitan, regional rural and remote communities.
That Federal, State and local Govts, Divisions of general Practice, Area Health, and clinical groups treat social mobilisation around health and cancer as a key strategic partner to primary, secondary and tertiary care
Groups and organisations at local, state and federal level that have an interest in changing the face and state of cancer (eg groups, charities, workplaces, government, and institutions such as universities) be supported to form coalitions, collaborations and partnerships with a common goal and guiding principle.
That the BCNA and Australian Government continue to deliver forums in regional areas that are accessible to rural communities.
That gaps in Breast Cancer Community Liaison representation be identified and ongoing training provided in areas of high need.
That BCNA use web-based multimedia technologies to up-to-date information on treatment and care eg. webinars.
That BCNA and the Alliance consider partnerships or other strategies to engage and support women diagnosed with breast cancer and their families in rural communities.
That the Australian Government consult with Aboriginal and Torres Strait Islander women from around Australia on improving service delivery and the provision of information and supportive care for Aboriginal and Torres Strait Islander women with breast cancer.
That the Australian Government give priority for funding to fully support Community First initiatives that can provide evidence of shared governance approaches to addressing health inequities in rural and remote locations.
That additional research funds and support structures are developed to assist in the identification of ‘gold standard’ clinical placements for allied health professionals in rural and remote locations.
As the health care landscape changes and demands continue to increase capacity to place health students, additional funding is required from the Federal Government to provide the evidence for quality clinical education models in rural and remote locations.
That the Federal Government, Universities and registering bodies for Speech Pathology and other allied health professions acknowledge the challenges associated with clinical placements for allied health students in rural and remote locations and review existing requirements for placement.
The NRHA and conference delegates support the exploration and the development of the rural generalist training pathway across Australia as one solution to the provision of appropriately trained medical workforce. Delegates should further consider relevance of such a model to their own jurisdiction and/or discipline.

That the NRHA engage with the specialty colleges to provide: • support for the advanced skills training model incorporated in the RGP • support for delivery of appropriate rural specialty services by RG doctors • working models of specialty medical services in rural communities using visiting specialists and RGs with AS
That the Australian Government extend the national Australian Rural Health Clubs Rural High Schools Visits program by providing State Co-ordinators to streamline and coordinate activities nationally.
That the Queensland government commit funding to the Queensland Health Careers in the Bush Program to conduct research into the health career workshop activities.
There needs to be a collaborative approach to the issues of farmer and fisher health and wellbeing, involving all levels of government, industry and the community. Increased community-based strategies are required to help farmers and fishers maintain good health, and in particular mental health. They should be flexible enough to meet the changing needs of the community, and might include developing recreational and social facilities; establishing local support mechanisms; and actively brokering opportunities that target the health needs of the community.
That inter-professional training in farm family cultural awareness, mental health literacy, mental health, building networks and maintaining cross discipline and interagency relationships be provided to: • raise awareness of the effects of population and climatic change on farm clients and their families' health; and • ensure appropriate effective care and referral pathways for farm clients.
That training and skill development opportunities be implemented for Psychology/ Social Work services so that they are responsive to changing client profiles and are able to focus on early intervention.
That networks be maintained to ensure awareness of pathways to health and to promote access of male farm clients to Psychology/ Social Work and Mental Health Services.
The Australian Government, agricultural industry groups and work safety authorities better co-ordinate and invest in agricultural health and safety research, the adoption of health and safety systems and practical programs of work based on research findings.
That the Australian and State governments provide training for health professionals to develop targeted strategies to assist farming families and communities to respond to alcohol misuse and associated metal health issues.
Professional Associations and the Australian Government should agree guidelines that are both ethically sound and applicable in routine rural practice to help clinicians manage overlapping relationships.
The University of Melbourne and other research organisations should further investigate overlapping relationships in rural practice, to ensure existing clinical experience in combination with best research practices contributes to the development of these guidelines.

Governments, professional associations should ensure that during periods of health reform consideration be given to rural health services in terms of maintaining a skilled health management workforce.
Health service managers should be recognised as an important part of the rural health care team and appropriate resources provided to training opportunities for health management rural practice for the rural health management workforce in mainstream health and the Aboriginal community controlled health sector.
In times of health reform governments at both State and National levels must recognise the importance of social and economic determinants of health and health inequities in the allocation of resources to rural health services.
Australian and State governments should commission independent and scholarly evaluation of the implementation of the health reform process on rural health services.
That the ACCHS sector be supported to define, develop, monitor and streamline their 'core' corporate functions and identifying a set of standards or benchmarks for these functions. A 'tool bank' should be developed to improve access to existing tools and materials for business improvement, with national, state/territory and/or regional processes set up for sharing and further developing sector knowledge about corporate support functions.
That State Governments ensure that transport is a key priority and consideration in health planning and service delivery.
That non-government organisations and bodies (professional association(s), consumers, the NRHA) work together to actively advocate for improved funding for, and provision of, health-related transport.
That State Governments provide cross-agency coordination and adequate funding for health-related travel programs and services.
That the Australian Government include access to health services, especially transport, as part of the National Health and Hospital Reforms.
That rural Medicare Locals develop a 'whole-of-journey' approach to rural health consumer travel and improve support for consumers who travel for healthcare.
That Regional and metropolitan Local Hospital Networks (LHNs) develop linkages with catchment rural Medicare Locals and provide staffing and resources to inform, support, coordinate and advocate for rural consumers who travel for healthcare.
Support the new national Indigenous Health Workers' Association.
By various means increase the number of Aboriginal allied health professionals. (Learn from, build on existing programs for other professions?)
The government must recapture the momentum and focus on ear disease as an important part of Close-The-Gap.
That Aboriginal interpreter services be made available for clients of health services.
That the Federal Government use the mechanisms of Regional Development Australia (RDA) to work with Local Governments to identify and plan for the services and infrastructure requirements for the ageing of the rural population.

That financial support be given to communities to enable health planning and service provision to be discussed and prioritised by the local community. (This may have been seen as a potential role for Medicare Locals.)
A whole of health workforce perspective to leadership development be adopted nationally. Further, health services should appoint people to management and leadership positions who have the requisite leadership and management skills and competencies or access to development opportunities.
That leadership development in the health sector be provided using interdisciplinary learning models as health services are best delivered collaboratively.
That conference delegates be encouraged to produce a recommendation on the role of physician assistants.
Arts and health programs to be further developed and funded to address the needs of young people, with endpoint measurement being the increased quality of new relationships and engagement with the issue.
Further study should be carried out looking at the amount of the health budget spent in each geographical group (metro/regional/remote).
Extend combined programs of arts/screening/and public health messages to more communities.
There needs to be more training of health personnel in screening and other public health measures as one of the means of making such measures more sustainable.
That the NRHA secure a position on their council for a member who represents food security/water security.
Health professionals of all disciplines need to be aware of emerging evidence that acute coronary syndromes occur at a younger age in Aboriginal populations and that the incidence between men and women is the same and should target health promotion campaigns accordingly.
Health workers and consumers in remote and rural areas have the same need and right as those in the city to be connected to peers and supports, using new and old technologies.
Major telecommunication providers have a social responsibility to ensure that calls to crisis service providers are priced as a local call. This is especially relevant to rural and remote areas where high call costs apply.
Establish a support network for patients and families affected by congenital heart conditions and acquired heart disease ie. rheumatic heart disease, in partnership with current service providers and Aboriginal health workers.
NRHA support professional development programs for artists to work in health care, and for health workers to gain skills in utilising the arts and health services, such as dementia programs and health promotion, in regional/rural Australia.
NRHA support increased scientific research and evaluation into the efficacy of arts and health programs in regional/rural Australia.
NRHA support arts and health in medical education curriculum in regional/rural Australia to assist doctors and allied healthcare professionals to hone communications and observational skills, as well as developing lifestyle balance through creative activities.

That the NRHA adopt a position to lobby for more than 2% of the national health budget to be spent on health promotion
An allocation of funding from Chronic Disease Dental Scheme should be quarantined for the NT to enable an expansion of dental services delivered by NTDH and Aboriginal Community Controlled Services and support oral health promotion and preventive programs.
That the Medicare Chronic Disease Dental Scheme program and funding be integrated into a National Oral Health Development Scheme to fund expanded timely, prevention and person-centred care for eligible people in state and territory public oral health services.
That public dental services prioritise and develop s skills in the care of those with special needs and at risk groups including those with chronic conditions.
That a voluntary Foundation Year pilot program for new graduate dentists be introduced in public dental services in rural areas.
That the Alliance strongly supports THE GREENS “Rural and Regional dental care scheme” and “Dental pro bono” Policy Initiatives.
That the Alliance continues to strongly back the evolving REPAIR advocacy of the National Oral Health Alliance whilst maintaining its own rural voice.
NRHA adopt a policy position on the current development of a national food policy that recognises and addresses the critical need of local and regional food security issues and appropriate systems.
The NRHA create a position on Council for a person who represents food security/water security.
That the University Faculties of Health Science should embrace interprofessional education and develop curricula which emphasise interprofessional practice in the rural context.
That researchers, academics and health professionals undertake research into the use of online social networks as a supportive care resource.
That the benefits of BCNA’s online support network be promoted to all women diagnosed with breast cancer and their families at diagnosis, or as soon as possible after.
That dedicated and certified lactation consultants (International Board of Lactation Consultant Examiners, IBLCE) be available by telephone or face-to-face for mothers in regional areas to encourage breastfeeding and to improve rural health outcomes.
That the Australian Government fund a media campaign promoting better oral health care in toddlers and primary school aged children to prevent the premature loss of deciduous and adult teeth.
That the Australian, State and Territory Health Departments include emergency and preventative oral health care in their primary and community health care services.
That the Australian Government make a commitment to develop, implement and fund universal oral health care as part of the health system reforms.
That the Australian, State and Territory Health Departments incorporate oral health care into their future chronic disease management strategies with attached funding

That the Australian and State/T governments and professional associations encourage and support inter-professional oral health care programs for children with disabilities.
That there be up-to-date and regular assessment of food insecurity prevalence in Australia and the NT.
That multiple forms of food insecurity be measured, perhaps through a new survey instrument or validated international surveys (e.g. Radimer/Cornell or US Household Food Insecurity survey).
That the Conference congratulates Nicola Roxon on the consultative processes, proposals and plans in the National Men's Health Policy and the new National Women's Health Policy, including the emphasis on health disadvantage in rural and remote areas and support for longitudinal population health research.
Scholarship funding for health professionals and managers to participate in a post graduate remote health practice program that supports staff to access training that better prepares them for remote practice. The program needs to be comprehensive, rigorously evaluated, and include leadership and management training.
That greater use be made of digital storytelling in mental health settings either as a self-reflection process or an educational tool.
That the commonwealth government, in collaboration with the rural and remote health sector, further develop the systems to enable the effective implementation of Medicare Locals - eg: capacity building for working in partnership, service coordination, KPIs for partnership and service outcomes. This will require some delay in the establishment of Medicare Locals to allow time for genuine, effective partnership development.
That in the lead-up to the national registration of Aboriginal Health Workers, governments provide support to the new national Association of Aboriginal Health Workers to ensure that the national standards adopted recognise the full scope of practice of activity as an Aboriginal Health Worker.
1. Consumer participation is not just a policy requirement but should be an integral part of all services. 2. To move consumer participation from tokenistic to meaningful it needs adequate funding. 3. Health consumers must be a part of service design, implementation and evaluation but their input should be valued in the same way as other health professionals including appropriate reimbursement.
That the digital storytelling technique be used by organisational leaders as one means of providing feedback on their leadership style to organisation leaders, including middle level managers.
In its mental health activities the Australian Government should have a stronger focus on primary prevention and promotion of mental wellbeing rather than treating tertiary clients.
Establish a website forum for sharing of stories and/or experiences by non-Indigenous people working with Indigenous people (eg. NRHA website, Indigenous Health Infonet).

That the public and interested agencies be given responses to a range of questions relating to the 'Personally controlled electronic health record Demonstrator' (eg its cost, consumer control, rural applications, etc)
That the WA Government contribute funding to the Lilliwan Project led by the Nindilingarri Cultural Health Services in Fitzroy Crossing.
Ensure all of those involved in implementation of Aboriginal-focused programs use strategies to establish effective working and culturally respectful relationships with Aboriginal communities.
Those providing education, training and CPD to GPs increase awareness and effective use of the Medicare health assessment for people with intellectual disability.
For remote and very remote areas, the Medicare health assessment for people with intellectual disability should be opened up for access by other health professionals in addition to GPs - eg. nurse practitioners.
Health services for carers and care recipients should be expanded.
State and federal governments should become more aware of the special needs of carers, especially in regional Australia, and including those of young carers and Indigenous carers.
That the Hamilton Charter for Farmer Health be endorsed and utilised as a guiding document for developing and undertaking health programs working with farming families and agricultural workers across Australia.
Given the effects of climate change on health and social and economic wellbeing, programs such as Sustainable Farm Families should be made available to additional farmers across Australia.
That everyone should adopt the Hamilton charter for farmer health and includes the key messages in their every day work when dealing with farming families and agricultural workers.
That Sustainable Farm Families as a lifestyle modification program is rolled out across Australia as part of natural disaster recovery programs.
Without adequate funding for residential aged care facilities in rural and remote areas, they will continue to operate at a loss and therefore be unsustainable. Further investment is required in case management and the national model of rural and remote health could be used as a strategy for cost minimisation, improved quality of life and care and increased positive client outcomes. Telehealth needs to be available at reasonable costs to residential aged care facilities. Guidelines need to be developed and promoted to support emergency preparedness in aged care.
That a Royal Commission be established to inquire into the activities of resource companies in coal seam gas mining across the country, which have the capacity to degrade and alienate food growing land and underground water reserves.
The agencies responsible for rural and remote student placements work collaboratively to devise a system for students, their mentors/preceptors and members of the community to provide reports on the positives and negatives of the placements undertaken.

To direct those Rural Divisions of General Practice applying to form Rural Medicare Locals to contact local optometrists to devise a dedicated system of funding and support for: • a multidisciplinary rural eye health network comprising local GPs and optometrists with regional resident ophthalmologists; • locum support for local optometrists; • development of true multidisciplinary CPD; • locally-developed evidence-based resources; and • young local persons seeking work experience and potential long-term employment/partnership with local optometrists (to promote sustainability).
1. That Sustainable Farm Families programs be rolled out as part of the natural disaster recovery programs across Australia (Flooding - Qld/Vic, Cyclone - Qld). 2. That the key messages from the Charter for Farmer Health be included in everyday work of the rural and remote health sector.
That Carers NT Responsive Respite Program be extended to include PHC services, that extra staff be provided to increase its reach and capacity, and that a similar program be made available for the male population in the areas in which the NT Respite Program functions.
That evidence-based research be conducted to determine the benefits of incorporating arts programs into health and health education services for Aboriginal people, prisoners, students and those with mental health conditions and/or dementia.
In the further development of ehealth systems consideration be given to the needs of transient and mobile people, including those who live in or pass through rural and remote areas and who may need access to services from a range of jurisdictions.
That business support schemes such as those currently available for rural and remote general practice be available to allied health, community nursing and dental businesses in those areas.
As awareness increases about mental health and the high need in rural and remote areas, we recommend that national programs and funding go to local community initiatives that are: subtle, culturally appropriate, part of local networks, simple and easy to find.
That the NRHA and other interested parties advocate for the development of a national strategy to promote and support the Aboriginal Health Worker profession.
That further research be undertaken into the medical and social impacts of energy drinks in rural and remote Australia.
That personally controlled electronic health records or shared electronic health records which are already operational in remote and rural situations should be funded by part of the $467m which has been pledged to build on successful Australian systems and implementations. It seems it is now being spent on designing and building new systems with complex architecture and international corporations and consulting firms will attract funding instead of local health communities.
For national programs to be effective, it is essential to consult and consider specific and crucial issues related to access and participation by Indigenous Australians.
Services for mental health, especially for Aboriginal people, should involve the whole of the family rather than just the patient, always at the discretion of the patient themselves.
That Medicare rebates for Point of Care Testing (POCT) be extended, in rural and remote areas to include emergency tests such as electrolytes, Troponin and also include INRs. This would redress some of the imbalance of distance of remote patients in particular. Urban dwellers have access to an ED. It may also be cost neutral in that emergency evacuations could be reduced, particularly for chest pain. Currently Aboriginal Medical Services in NT are unable to fund ongoing costs of POCT machines.

It is recommended that Rural Clinical Schools continue to allocate and support rural placements rather than a new centralised system being devised by Health Workforce Australia.
That resources be provided for Rural Clinical Schools to engage local communities to support health professional students placed in those communities.
The education system for health professionals shift towards an emphasis on 'training in place' to enable a greater number of rural students to remain in their local communities while training. Where this is not possible, health faculties in the major cities have preferential selection processes for students from rural and remote areas.
That the Remote Area Health Corps (RAHC) model for recruiting doctors and dentists into the Northern Territory be expanded into other states and include other disciplines, including other health professionals, teachers, vets, etc.
That there needs to be improved workforce data collection nationally in order to monitor workforce retention across all health professional groups and in order to evaluate the impact of various retention strategies.
That the Australian Government provide additional resources for the development and support of a more professional remote area nursing workforce – one that is better prepared, better educated and that will stay longer.
That at this time of health service remodelling, the collaborative methodology (Division of GP, local health network, rural training provider, rural workforce Agency) of recruiting and retaining GPs be employed across rural NSW and with modifications for local circumstances, across Australia.
That continued efforts be made by governments to attract greater numbers of rural students to train as health care professionals.
That there be a review of eligibility for student allowances, including the means by which individuals can establish financial independence.
That Medical Schools have mid-year intakes in order to reduce the period required to train a medical student.
That the Australian Government offset the costs of rural medical practice with a differential Medicare Benefit Schedule which depends on the remoteness of the practice. This would mean that a doctor on call 24/7 would have an item number providing a larger fee for the same length of consultation.
That colleges and universities monitor and analyse financial incentives to medical students and allied health professionals to identify how effective they are in improving recruitment and retention – do they make a difference.
That all Medicare Locals appropriately deliver end of life and palliative care in a manner which is responsive to local community needs, and recognise the complex barriers to integrated care in rural areas. Medicare Locals must be appropriately funded to provide training to all primary caregivers in end of life care.
That based on the continuing success of the Australian Longitudinal Study on Women's Health, a similar study be initiated to look at factors associated with the health and wellbeing of Indigenous Australians.
That the provision of end of life care be appropriately funded in residential and community aged care services and all aged care professionals receive training in end of life care and advance care planning.
That ongoing funding be provided for free screening programs for women, particularly through outreach programs to rural and remote areas of Australia.
That patient information be transferable using electronic records between health care providers in rural and remote settings.

That Commonwealth and state governments review IT infrastructure and the quality of internet access available to providers and consumers, and fund IT infrastructure and upskilling of the rural and remote health workforce in IT skills.
That all health policy leaders and managers be culturally competent.| Closing the Gap on health requires that all services to Indigenous Australians be culturally secure. Accreditation of health services and leaders would assist in ensuring the cultural security of services and the cultural competence of our leaders.
That electronic medication charting be available in all aged care facilities to enable communication between facilities, clinicians and pharmacists.
That novel strategies be adopted to promote health issues relevant to the Indigenous culture, age, interests and values of rural and regional communities. These strategies could include but not be restricted to public events, the arts, social and sporting clubs and the involvement of schools.
That Aboriginal Medical Services support medical practitioners and Aboriginal Health Workers within Indigenous communities and provide appropriate transport to access AMS services.
That funding for small clinical equipment such as mobile ultrasounds be made available to facilitate existing programs and improve the quality of care.
That funding for community recovery be allocated through local community recovery committees in communities affected by the disasters to directly assist recovery management organisations with capacity building activities in the wake of the disaster.
That a National Palliative Care Strategy 2011 be implemented and include Palliative Care Nurse Practitioner service delivery models. That rural health services implement integrated end of life care pathways that are supported by State Governments taking a co-ordinated approach.
That University Medical Schools upgrade generalist academic themes in their curricula.
That a database of private and government funded mental health programs be established to assist those who have an interest in mental health to access existing successful programs so they can apply/modify them for their particular situation.
That the NRHA and Regional Arts Australia lobby the Federal Government to create a national arts & health policy.
That technological solutions to existing clinical problems in rural and remote health be evaluated so that good decisions can be made about purchasing/applying/amending technological developments in rural and remote Australia
That recruitment strategies should consider the suitability of individuals for rural practice, including the person-environment fit.
That junk-food advertising on prime-time children's television and alcohol advertising and sponsorship of sports and arts activities be banned.
That strategies to improve rural clinical and community placements be reviewed and enhanced, and opportunities for engagement early and often in rural communities with emphasis on positive experiences of rural life, be encouraged.
That oral health content should be included within core medical curriculum.
That elective courses in the medical curriculum such as Global Health be expanded to include oral health until oral health content is delivered within the core curriculum.
That provision of more part-time work or job share options be made available to doctors who are parents or soon-to-be parents
That a program be funded to improve the physical health of people with mental illness and to allocate an independent GP to each person who has been an involuntary patient.

That the provision of Government funding for health services be based on a process of consultation between communities, health organisations and other interested parties to determine the uses to which the resources will be allocated. There should be governance processes in place to ensure that funded projects are monitored and the outcomes assessed. This will encourage Aboriginal health services to deliver better services and lasting improvements for their community.
Australian Government Department of Health and Ageing (OATSIH) and University Departments of Rural Health should conduct research to establish the effectiveness of fluoride to improve oral health outcomes in remote and very remote Australian communities.
Fostering (?) for an increase in health education programs on health issues affecting the nation, with more emphasis on health lifestyles, encouraging community involvement in this regard with vast use of media, health and arts through use of drama groups, music groups and peer education – more research on the push factors affecting the workforce in remote areas and discovering the full factors for workforce retention in the rural and remote areas.
Given the dependence of the residents of Elcho Island on the surrounding waters for provision of fish and other marine life as a primary food source, it is important that action be taken by those agencies responsible to provide waste disposal systems on the island to prevent island waste being blown into the seawaters.
As part of the National Food Plan being developed, a new funding stream should be established for the support of community gardens – especially in more remote areas which experience isolation from supplies of fresh food, such as Elcho Island.
We recommend that the NRHA advocate for health service funding bodies to recognise that current models, whilst asking service providers to work in a collaborative manner, in reality foster competition for the same scarce resources.
We recommend that the NRHA advocate to Government at all levels for funding for health programs that are involved in intergenerational behaviour change to be recurrently funded for a minimum of 10 years.
The Commonwealth Government be asked to provide capital funding for the development of new and refurbishment of existing Multi-Purpose Services (not just for sub acute beds as per their recent contribution). Small rural and remote facilities cannot sustain the viability of residential aged care.
That the CRANAplus Bush Crisis Support Service be marketed more widely as a service to all health professionals across Australia, using the Aboriginal Community Controlled Health Services as a way of reaching Indigenous health workers as potential clients of the service. The cost of calling the service from mobile phones should also be addressed in order to increase the accessibility of the service.
The Federal Government and universities should establish more regional/rural based educational programs, so that a greater number of students (including those in health courses) can do all years of their training in a regional/rural area.
That greater use be made of quotas for rural/regional students in university courses and of university funding dependent on this.
The recruitment and retention of rural and remote health staff can be supported by greater opportunities for local employment in health services through funding for school- based work placements, through better integration of onsite training and assessment, and through encouraging them to undertake further education at various levels.
The recruitment and retention of rural and remote health staff can be supported by ensuring that all online and onsite training is recognised as best practice and is accreditable by educational qualifications.
Individuals, community groups and governments in Australia and the Pacific Region should take farmer health more seriously to ensure that a by-product of agricultural production is not poor health for farmers and agricultural workers.

Unhealthy farming conditions produce farm families and agricultural workers whose health is under pressure and potentially unable to sustain themselves, their productive capacity and their markets.
Conference delegates urge the Minister to consider favourably the proposal currently with her for funding support for addressing the trauma associated with natural disasters.
Funding from the WA Government should be provided for phase two of the Liliwan project on foetal alcohol spectrum disorder.
Information and study of foetal alcohol spectrum disorder should be included in all university health curriculums.
Advertising of alcohol should be progressively reduced (eg. at sporting events) and a full ban should be considered.
Universities and State Governments should move to: • create more training facilities and opportunities for nursing and allied health graduates to work in rural and remote areas including access to suitable supervision; • ensure nursing and allied health students have equitable access to support when undertaking rural placements, including the provision of funding, affordable accommodation, supervision and contacts in the community; • consider new models of training for nursing and allied health students which include the opportunity to undertake a larger component of their course in rural or remote areas; • increase nursing and allied health professional access to incentives to live and work in rural and remote areas, in line with those currently available to doctors (eg. relocation and retention grants, HECS reimbursement, professional development opportunities).
As there remains no clear and dedicated pipeline available nationally to support students and junior doctors into careers in rural and remote Australia, student delegates recommend: • the establishment of a greater number of internship, pre- and post-vocational training positions in regional and rural Australia, with a goal to enable one-third of medical graduates at any one time to undertake their training there. At the same time, ensure quality and the maintenance of the characteristics that make training and practice in rural areas unique and appealing; • exploration of the applicability of replicating the Queensland Rural Generalist Training Pathway nationally; and • exploration of the applicability of community-based internships.
The following initiatives are vital to help close the life expectancy gap between Indigenous and non-Indigenous Australians: • increase clinical placement opportunities for medical, nursing and allied health students in Indigenous health; • increase opportunities and support for Indigenous students taking up health careers; and • provide adequate training and support for Indigenous organisations to take on students for clinical placements.

That the Australian Government work with the States to address the funding inequity created by primary care funding being directed through the MBS and PBS - to which remote and many small towns have significantly reduced access by:
1. making transparent the Commonwealth & State investment in primary care, region by region; and
2. agreeing on a primary care funding and purchasing approach that:

- addresses the inequity that currently exists;
- builds culturally relevant services;
- funds the cost disability of providing services to remote communities with a high burden of disease and high staff turnover;
- builds the capacity of the non-State and non-GP service providers and organisations;
- funds more relevant and effective (evidence based that influences health outcomes) prevention and other hospital avoidance services;
- rewards State providers to increase their partnership, share staff and assist NGOs and ACCHOs to improve and stabilise clinical and corporate governance; and
- inform and engage community input into key aspects of service planning and improvement.

That point-of-care pathology testing (POCT) be made available under the umbrella of the Quality for Aboriginal and Torres Strait Islander Medical Services Program for diabetes management (with the same standards of training, quality management and support services); and that Medicare rebates be made available to ensure that POCT remains sustainable in these rural and remote communities.

The professional associations use local expertise and build local capacity to deliver and present health seminars and programs, using culturally appropriate facilitators.

State Governments should ensure that transport is a key priority in health planning and service delivery

That the formation of collegial and collaborative relationships between health and consumer organisations will ultimately benefit outcomes. This includes sharing infrastructure, for example, web forums, online programs and promotional avenues.

That rural Medicare Locals should consider developing a 'whole-of-journey' approach to rural health consumer travel and seek to identify and share resources that improve the support within general practice of consumers who travel for healthcare.

That regional and metropolitan Local Hospital Networks (LHNs) should develop linkages with catchment rural Medicare Locals and this should include addressing consumer travel issues.

It is important that cancer is viewed not only as a health issue but also a social issue. Governments and health professionals must focus on the person - this should be reflecting in funding and in support programs such as providing laptops and broadband so that family contact can be maintained during treatment.

Whilst IT is important in consumer networking and educating health professionals, face to face contact still plays a critical role in educating and connecting people.

1. Consider self-efficacy, personal goals and placement expectations in selecting students for health disciplines;
2. Further develop the integrated workplace learning environment
3. Maintain rurally-focused support through post- graduate training;
4. Build structured rural vocational training pathways

COAG should establish a Commission on Health Inequities in Australia whose terms of reference are inclusive of (but not limited to): rural and remote health; early childhood; Aboriginal health; and issues relating to lesbian, gay, bisexual, transgender and intersex people.

Governments should institute an inquiry to determine and address barriers to participation for those who identify as LGBTI (lesbian, gay, bisexual, transgender and intersex).
Associations responsible for promoting health careers to rural students should: 1) liaise with media to high degrees (press releases, local papers); 2) involve local services (new graduates, local professionals); 3) involve rural health clubs of multiple universities; 4) liaise and involve other tertiary providers in the area; 5) target high school students early (Years 10-12) with a heavy focus on breaking myths regarding health career stereotypes; 6) liaise with local career teachers at high schools; and 7) consider future longitudinal research regarding the impact of health career promotion to rural students.
That national health reforms recognise the differences between rural and metropolitan health service delivery, and consider the establishment of citizens' juries to de-politicise and set key performance indicators and monitor the outcomes of the reforms process on rural health services.
That HWA/DoHA funds a project to collect allied health workforce data in all Australian States and Territories. This should include information about access to MBS geographically-placed provider numbers.
Rural Clinical Schools should continue to seek ways to use Rural Clinical Training Scheme (combined/revised Rural Clinical School/Rural Undergraduate Support & Coordination Program) funding to build and strengthen links between communities and universities (across multiple health disciplines), sharing learning and research opportunities to mutual benefit.
The NT Department of Children & Families should implement the recommendations of the NT Child Protection inquiry in relation to orientation and induction and professional development in particular cultural competency and support for further education' The aim should be to have Aboriginal people 30 per cent of the child protection workforce in the NT by 2015.
That Centrelink set national standards for the transport of patients to access health care.
That additional support be provided for senior managers/practitioners to facilitate case conferencing and case management at the local area – eg funds for backfilling, clerical and transport support. Mental health, allied health, community health and hospitals all provide services to the mentally ill. There should be regional and state/national MOUs for integrated practice to facilitate professional care management in local areas, involving Wellways, Centrecare, GP Network, GP Practitioners, Health Department –