11TH NATIONAL RURAL HEALTH CONFERENCE
PERTH 13—16 MARCH 2011

Rural and Remote Australia The heart of a healthy nation

Priority recommendations

16 March 2011

Credit due

1. Conference delegates congratulate the Federal Government and Health Minister Nicola Roxon on its continued support for the longitudinal study into women's health and for the consultative processes and plans brought together in the National Men's Health Policy as well as the new National Women's Health Policy.

   In particular they welcome the emphasis in these policies on health disadvantage in rural and remote areas.

   The substantial and unprecedented support for smoking cessation activity is also acknowledged and very welcome.

Our greatest challenge

2. The parlous state of Indigenous health remains the most important social challenge for Australia – and 70 per cent of it is in rural and remote areas. Delegates welcomed updates provided on progress with, and remaining challenges for, the improvement of the health and wellbeing of Aboriginal Peoples and Torres Strait Islanders.

   Conference delegates strongly support action that is required to reinvigorate work on Indigenous ear conditions which, like so many others which blight these citizens of Australia, are entirely preventable.

Partnerships: Medicare Locals

3. The rural and remote health sector has great hopes for Medicare Locals (MLs) and Local Hospital Networks. In rural and remote areas both entities will need sufficient funding for the more complex challenges they face. This high level of support will be particularly important for MLs as, over time, they become the lead agency for primary care in their region.

It is essential that from their initial establishment they are equipped with sufficient resources, support and guidance to move towards the goals set for them and this may involve the cashing out/up of health funds from a variety of sources.

MLs will require community contracts in order to secure genuine and effective community engagement. The contract of a Medicare Local with the consumers and clinicians in its region will be based on partnerships with all the health and health-related agencies that have a legitimate role in determining wellbeing of its population. They will also need appropriate contractual arrangements with the governments that fund them. These 'bottom-up' and 'top-down' arrangements might be based on model contracts.

Partnerships: Health promotion

4. Conference delegates agreed that it is critical that reform of the Australian health system and the operation of the new Preventive Health Agency result in a greater proportion of total health expenditure being spent on health promotion and illness prevention than is currently the case.

   Given the particular characteristics of rural and remote areas, health promotion work in country areas must be fit for purpose and not merely the backwash from national campaigns. For example, they should have some focus on the resources industries of the sector such as farming and fishing because of their poor record on health, safety and wellbeing. This general principle should be applied to all health promotion work and a good example of this is the work being undertaken to reduce smoking rates in rural and remote areas, particularly among Aboriginal and Torres Strait Islander populations.

Partnerships: arts and health

5. It is proposed that Regional Arts Australia and the National Rural Health Alliance combine in efforts to have Commonwealth and State/Territory governments agree and fund a national arts and health program. Among other things such a program would provide sustainable recurrent funding for the types of successful health programs illustrated in *Seeded – great arts and health stories grown in regional Australia.*

Food sovereignty

6. Conference delegates agreed that food sovereignty and food security in Australia are critical issues for the community and governments. Delegates welcome the current initiative being led by the National Food Policy Working Group, including its role in the development of a National Food Plan.

   These issues are particularly important given the shocks to the food system from natural disaster, market developments, climate change, and the development of new energy industries such as coal seam gas. Food sovereignty is a critical determinant of health and has particularly strong impacts in rural and remote areas. Given the challenges faced there by food production, distribution and pricing systems, food insecurity is more common in remote areas.

   Development of the National Food Plan should be sensible of the particular needs, capacities and vulnerabilities of people in rural and remote areas, including those who

work in food production (e.g. farmers and fishers) and related sectors. This new Plan will include support for market gardens in remote Indigenous communities.

Managing health services

7. Health service managers are critical to the provision of effective services and to the recruitment and retention of health professionals. The Australian Government should undertake substantial new investment in the education, training and support of rural and remote health service managers to assist in the implementation of the health reform agenda and to underpin ongoing excellence. These activities would ideally be undertaken in an interdisciplinary framework and should be led and supported by a strategy managed by Health Workforce Australia.

Health workforce development

8. There are still substantial challenges in the recruitment, retention, training and regulation (eg relating to scope of practice) of health professionals in rural and remote areas. Delegates called for a review of health professional scopes of practice and, informed by this evidence, a re-design of the rural and remote health workforce.

   This will mean additional professionals working in models of care not based on fee-for-service, and a greater number of positions in public and private sectors for members of the so-called 'newer' professions such as Aboriginal Health Workers, Nurse Practitioners and Physician Assistants. This workforce re-design will require new funding models for integrated inter-professional primary care teams which will include the resources required to assist existing services adapt to the new paradigm.

   The longstanding grassroots support for inter-professional learning (IPL) now needs to be backed by governmental insistence that it becomes a larger part of the training of health professionals, which will require institutional change within educational institutions, and by a national IPL policy managed through Health Workforce Australia.

   Conference agreed that recruitment of health professionals to rural areas begins with more students from rural backgrounds and a positive attitude to rural and remote practice in training institutions and among their staff. This more positive culture within educational settings must be generated and sustained. Conference also expressed strong support for new methods of teaching, such as learning by simulation and digital storytelling, and called for funding streams to recognise their growing importance.

Better oral health

9. Conference calls on the Federal Government to collaborate with the States in the development of an integrated National Oral Health Development Scheme. It will be funded initially by redirecting expenditure from the Medicare Chronic Disease Dental Scheme.

   This new Scheme will expand and reform adult services for those at special risk (including the elderly); revitalise the children's/school dental services (incorporating the Teen Dental Program); run family dental services for the adults and children of eligible families; and oversee the use of fluoridation as a preventive strategy in more

remote areas. The new Scheme will be complemented by an Oral Health National Partnership Agreement.

For this new Scheme to be effective in rural and remote areas, immediate oral and dental health workforce initiatives will be required to improve the distribution of relevant professionals. To this end a Foundation Year for dental graduates should be established, and a range of incentives for rural dentists (based on policy experience in medicine) investigated.

Better mental health

10. Rural people with anxiety and depression are disadvantaged due to lack of access to mental health services, community prejudice and confidentiality issues.

    - To address this disadvantage, particularly for young people, it is recommended that a '***support the supporters***' campaign targeted at the family and friends of those suffering from a mental illness be developed to provide factual and practical advice and to alleviate stigma through education and addressing misconceptions about mental illness. The campaign could be delivered through a range of mediums including radio, television, print advertising, factsheets, social media and a central web source.

    - To increase access to mental health services in rural areas the government should fund a ***telephone mental health clinic*** through Medicare. Clients would be referred through pathways that enable them to access existing Medicare rebates (mental health packages). To ensure continuity of care, the patient would be treated by the same qualified mental health professional each time, who would know the particulars of their client, and offer ongoing treatment (as opposed to current telephone services which focus on intervention).

Better connectivity

11. Conference delegates recognise the great potential value to health services and health status of the improved connectivity which will be provided by high speed broadband. Their focus is on obtaining universal high speed broadband of sufficient speed and at a uniform national price – not on the means by which it will be delivered. Both consumers in their lives as citizens, business people and health service patients, as well as clinicians in their provision of care to patients, need high speed connection using technologies sufficient to the task. Major IT providers have a social responsibility to ensure that calls to crisis services are at, or below, local call prices.

Evidence of success

12. Conference encouraged the NRHA to produce a check list of exemplars of good practice in various parts of the rural and remote health sector, eg suicide prevention, maternity services, health promotion, the self-management of chronic conditions.

Healthy ageing and aged care

13. Conference delegates welcomed the current focus, including through the Productivity Commission, on healthy ageing and aged care in rural and remote areas. Given the financial realities of aged care services in the bush, the commerciality and sustainability of those services (including of residential aged care facilities) remains a major concern.

While supporting many of the recommendations in the interim report from the Productivity Commission, people in the rural and remote aged care sector would like to see additional and stronger recommendations in its final report on a number of subjects, including workforce, capital and recurrent funding, local coordination of access and delivery.

NATIONAL RURAL HEALTH ALLIANCE INC.

Further contact
Conference Program -- http://11nrhc.ruralhealth.org.au/program
Leanne Coleman, Conference Manager: 02 6285 4660
Marshall Wilson, Media: 0425 624 100