

PRIORITY RECOMMENDATIONS

12 APRIL 2013

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INFRASTRUCTURE

1. BROADBAND

The 12th National Rural Health Conference calls on political parties to make a bi-partisan commitment to the delivery of high speed broadband to all families, services, businesses and communities in rural and remote areas so as not to entrench 'the communications divide' between rural and metropolitan Australia.

- The broadband infrastructure set in place must be robust and adaptable enough to accommodate future information technology developments, and to provide high speed connectivity and the coalescing of various media.
 - The costs to the consumer must be such as to ensure social inclusion, with pricing models that do not discriminate against people in rural and remote areas but facilitate availability to all who need it.
 - High broadband speeds are crucial for facilitating new and emerging best practice models of health care, such as those which incorporate high definition videoconferences, data exchange and high resolution image transfer.
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2. ROYALTIES FOR REGIONS

The 12th Conference calls on political parties to make a bi-partisan commitment in the context of the 2013 Federal election to the principles embedded in Western Australia's Royalties for Regions program, either through a similar program in each jurisdiction and/or through a sovereign wealth fund for rural development to which the Commonwealth, States and Territories would contribute.

- These funds would be used to strengthen rural and remote communities, their health infrastructure and services.
 - Under such programs it would be vital for regions to retain autonomy with regard to how the resources are spent.
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3. PLACE-BASED PROGRAMS AND DECISIONS

The 12th Conference calls on political parties to make a bi-partisan commitment in the context of the 2013 Federal election to legislate more place-based models of community empowerment and program administration in areas such as health, education, housing, employment, arts and culture, transport, infrastructure, and family and community services.

- These place-based planning and delivery models should be responsive and accountable to the local community.

- Medicare Locals and Regional Development Australia committees are examples of such place-based models in health and regional development that are already improving the quality and pertinence of decisions through a focus on local engagement and action.

4. FOOD SECURITY

Given the critical importance of nutrition to good health and wellbeing, strategic plans for population health in rural and remote Australia should include measures to ensure food security, with specific funds available for ongoing and long-term community work on food security.

- A cross-sectoral and collaborative approach should be used to develop an effective and strategic approach to food security – driven by a new inter-governmental and inter-agency Food Security Council.
 - In the same way that Telstra has a Community Service Obligation, the major supermarket chains should be encouraged by every means to share the responsibility of improving food security in rural and remote Australia through contributing to programs that improve the supply chain and/or the local production and distribution of food.
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5. DATA

To measure the impact of health-related programs on the 33 per cent of Australians who live in rural and remote areas, and to assess their health status in an ongoing way, accurate and accessible data are needed that are specific to location. This will permit analysis of health-related investment in non-metropolitan areas and the identification of effective programs that should be enhanced and of those with limited success that could be phased out.

- Conference calls for monitoring of the implementation of the National Strategic Framework for Rural and Remote Health through quantitative and qualitative progress measures including standard frameworks for self-reporting across jurisdictions.
 - The data that provide the basis for Medicare Locals needs assessments and regional planning should be expanded to include:
 - » common wellness indices for all Australians, permitting comparisons between various areas (major cities, inner regional, remote);
 - » medical evacuations, levels of patient assisted travel, and the use of State/Territory supported specialist and allied health non-admitted activity.
 - Data collection practices and strategies undertaken in Aboriginal and Torres Strait Islander communities must be carried out in a sensitive and culturally appropriate way following genuine and prior consultation with Elders and/or community representatives.
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6. A NATIONAL ARTS AND HEALTH FRAMEWORK

The role of community arts in health - for healing and wellbeing, for communicating health and lifestyle messages, and for community development - needs to be recognised by governments through their adoption of the National Arts and Health Framework that is currently before Arts and Health Ministers at Federal and State/Territory levels.

CLINICAL SERVICES

7. IMPROVING EYE-HEALTH FOR ABORIGINAL PEOPLE

Ninety four per cent of vision loss in Aboriginal and Torres Strait Islander peoples is preventable or treatable by simple solutions. A coordinated national framework should be developed to ensure a comprehensive approach to eye health.

Conference calls on the Department of Health and Ageing and State and Territory Governments to make provision in their budgets for:

- the integration of eye health into routine screening programs, for example, ear checks, diabetes checks (to avoid retinopathy) and general health and wellbeing checks; and
- the provision of eye care services within local communities by an adequate number of Aboriginal Health Workers and Regional Eye Health Coordinators based in Aboriginal Community Controlled Health Services, with funds provided for training and support for these roles.

Spectacle schemes provided by the States and Territories should be nationally consistent and comply with best-practice standards. The feasibility of a national spectacle scheme specifically for Aboriginal and Torres Strait Islander Australians should be urgently considered.

8. AGED CARE

Conference calls on the Living Longer, Living Better legislation, with its focus on greater support for older people to live in their own homes and communities, to be adapted to closely address the particular vulnerabilities of older people living in rural and remote communities. These include higher costs of living, a higher proportion with low incomes, greater isolation, and greater exposure to adverse weather events (eg heat waves, fires and floods).

Measures should include:

- rural seniors' fuel vouchers to compensate for poor access to public transport; and
- 'safe at home' modifications that include timely access to falls prevention modifications, air conditioning, and reflective roofing.

Pooled Commonwealth and State investment in aged and disability services should be considered in order to increase the potential for viable home services in under-served rural communities.

9. ORAL HEALTH

Good oral health is essential to general health and wellbeing. Despite being mostly preventable, as socio-economic disadvantage grows so does the incidence and severity of dental disease. Due to their lack of access to affordable preventive and acute oral health care, those in Australia who are most seriously affected are: rural and remote populations, Indigenous Australians, the aged and those who are socio-economically disadvantaged.

- To ensure that regular, preventive-oriented oral health care is available to all Australians, the 12th Conference calls on bi-partisan political support for the National Partnership Agreements on public dental health services. It urges Commonwealth, State and Territory Governments to publicly and urgently progress the developments in the Agreement to provide equitable and accessible oral health services.

- The legislated Grow Up Smiling (GUS) program for eligible young Australians is a good start in moving oral health care into the mainstream and should be seen as the first step towards ensuring regular, appropriate oral health care is available to all Australians on the basis of need.
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10. MATERNITY CARE

Maternity care in rural and remote Australia should be community-oriented and focus on services that meet the needs of women, families and the community. There is an urgent need to implement more innovative models of maternity care. These care models should reflect the goals and practices espoused in the national Maternity Services Plan, incorporate evidence-based care, meet population needs and include effective linkages and networks to higher level services.

- Employment of Bachelor of Midwifery graduates should be encouraged within these models. To facilitate this, Conference recommends that the term “Named medical practitioner” in COAG’s Standing Council Health Determination be changed to “Health provider organisation” with minimal delay.
 - Mentoring systems, similar to those offered in medicine and nursing, should be implemented for new midwifery graduates.
 - Professional development for those delivering maternity services must be multidisciplinary, with supervision and mentoring provided across the entire team and equitably funded across professions.
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11. EARLY CHILDHOOD

The vulnerability of children in rural and remote communities, including Aboriginal and Torres Strait Islander children, those with a disability, homeless children and those exposed to violence, is compounded by the impacts of key social determinants of health in these settings such as family income levels and access to education, health care, transport and support services.

- To ensure a bright start to life for country children, the 12th Conference looks to Megan Mitchell, the recently-appointed National Children’s Commissioner, to lead a cross-sectoral, rights-based approach to addressing the issues affecting children living in rural and remote areas. This work should include the collaboration of all involved government departments and agencies, and focus on the provision of child-centered, early intervention services.
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12. METRO-RURAL SERVICES LINK

Specialist health services in rural areas should not be dependent on tenuous links with metropolitan services and the good will of visiting specialists. Such ad hoc relationships, whether in the public or private sectors, should be replaced by service agreements and clinical governance structures that ensure continuity and networking of services in rural areas.

- Formal arrangements should be instituted between metropolitan and country services that withstand the test of time and changes in personnel, and which build workforce and service capacity in country locations by providing nurses and allied health professionals with links to tertiary services, supervision and case conferencing, and support technologies (including telehealth) for timely advice and expertise.

WORKFORCE

13. ALLIED HEALTH, SECTOR INTEGRATION AND NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

The current focus on the NDIS highlights the key role played by allied health professionals in disability and rehabilitation services. In rural areas there is an urgent need to increase sustainable allied health services, by integrating disability, aged and health care.

- To expand the availability of allied health services to meet the increased demand from sectoral integration (health, aged care, disability), funds should be allocated to enable local residents to undertake Cert IV in Allied Health Assistance.
- A supervision framework for allied health professionals, students and assistants must be provided.

This increase in access to allied health services will enable allied health professionals to take leave and professional development entitlements, and provide local employment for local people.

14. TELEHEALTH

Australia is ready for telehealth development that does not undermine the provision of face-to-face specialist services in rural and remote areas and is driven by clients' needs, not by commercial gain and efficiency at the expense of quality care.

- Conference calls for additional program funds and a flexible approach to access which would include store-and-forward services as well as real-time consultations and would be unaffected by State and Territory borders. These telehealth services will be underpinned by broader MBS items and appropriate training and support.
 - Telehealth developments should focus on practical, regular interactions between doctors, nurses, allied health professionals and Aboriginal Health Workers with their patients in challenging communication environments. Uses will include health monitoring, video consults, interim reviews between consultations, professional supervision sessions and new uses as they emerge.
 - In view of the need to systematise and integrate telehealth care into rural and remote practice, Conference calls on government to continue the work of the ACRRM Telehealth Advisory Committee and other professional organisations and to provide resources for the evaluation of approaches to guide future development.
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15. MAXIMISING STUDENT ADVOCACY AND LEADERSHIP

Conference calls on all health organisations, in their work on reforming healthcare in Australia, to engage closely and meaningfully with health students and early career health professionals. Health students and early career health professionals offer a unique perspective on the healthcare system and should be actively engaged in health reform alongside mid and late career health professionals and sector leaders.

Priority issues currently being promoted by students and other future health leaders include:

- that support for rural clinical placements currently offered to medical students should be extended to students of other health professions; and
 - that guidance and mentoring of emerging clinicians and leaders from established health professionals is critical to effective support and succession within the sector.
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16. GENERALISM

There should be a national campaign led by Health Workforce Australia to promote the importance and rewards of generalist health practice as a specialty in its own right, and one that is essential to leading and providing health care in rural and remote Australia.

- Well-supported and easily-navigated training pathways to rural generalist careers need to be developed and articulated in medicine, nursing and allied health.

IMPROVING THE HEALTH OF AUSTRALIA'S FIRST PEOPLES

17. CHRONIC CONDITIONS IN ABORIGINAL AND TORRES STRAIT ISLANDER POPULATIONS

A number of the plenary and concurrent session presentations made it clear that significant advances in rural and remote health would be made with the introduction of greater numbers of culturally respectful health promotion campaigns addressing hypertension, heart disease and diabetes. These targeted programs would help address the social determinants of health and must be designed to fit local circumstances and meet the needs of various age and population health groups. They would address smoking, obesity, physical activity and alcohol consumption, and should be evaluated to provide guidance on the most effective approaches.

- The importance of local community engaged leadership is powerfully demonstrated in a number of the presentations and is essential, together with innovative technologies such as mobile phone apps.

For information on rural and remote health in Australia, visit www.ruralhealth.org.au



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**12TH NATIONAL RURAL
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ADELAIDE CONVENTION CENTRE
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