Beyond the Workforce Crisis:
Advancing conceptual understanding in rural and remote health

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Why focus on ‘understanding’?

- Rural and remote health existed for 20 years+
- Thousands of academic papers published
- From these publications, what do we really know about rural and remote health?

We lack an explanation of rural & remote health as disciplines
What would a common explanation of rural and remote health provide?

➢ provides direction for research
➢ articulates key assumptions in knowledge development
➢ systematises knowledge
➢ enables knowledge to be transferable
➢ enables predictability
➢ enables comprehensive understanding & causal linkages
The deficit paradigm

→ rural = problems
Challenging the deficit paradigm

- Positive aspects of rural and remote health
  - Benefits of generalist practice – holistic approach
  - Professional satisfaction
  - Effect change at population level
  - Leadership, Indigenous health, multi-disciplinary care, innovative models

We may solve problems better by building on strengths and exemplifying what works well rather than repeatedly identifying problems.
Remote Health

Remote relative to rural areas characterised by:
- Higher mortality & morbidity
- Higher proportion of the population that is Indigenous
- A more dispersed population

Remote Health service delivery:
- Relative undersupply of health workforce
- Poorer access to services
- Very strong multidisciplinary team approach
- Greater reliance on comprehensive PHC & hub & spoke service models.

Distinct features of Remote Health practice:
- Generally non-procedural medical practice
- High degree of GP substitution, especially utilising RANs & AHWs
Elements of understanding rural and remote health

1. Location
2. Community – People and the systems they have developed
3. Health services response
4. Social determinants of health
5. Power
Rural and remote geographies

- Rural and remote differ
- Location
  - Remoteness
  - Proximity to other places
- Population size
- Natural environment

These make rural and remote different to urban
People in place

- The social interactions of people in places
- Connection with the local environment
- Attachment with places - the meanings, symbols and spirituality
- Culture
- Local economy
Health services response

- Models of health care
- Responses to patient needs, community needs & health issues
- PHC is an appropriate health service response in rural & remote contexts
Social determinants of health

- Social determinants include:
  - biological factors
  - individual lifestyle factors
  - social and community influence
  - living and working conditions
  - socioeconomic, cultural and environmental conditions

- “These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices” (WHO, 2008: 1).
Power

- Individuals acting to change
- Groups and organisations acting to change or resist change
- Political power, including funding, policies and political responses
- Media power and the distribution of knowledge and information
- Economics and the power of capitalism
- Social processes and cultural understandings
Conceptual model of rural and remote health

Power

Social Determinants of Health

Health Service Response

People in Place

Location
Rumbalara Football Netball Club

- Located in Shepparton
- Aboriginal community/ies in Shepparton
- Primary health care (outreach) model
  - Healthy Lifestyles Program
- Social determinants of Aboriginal health
- POWER...
Conclusion

- We propose a conceptual model of rural and remote health
  - location
  - community
  - health service response
  - social determinants of health
  - power

- We now ask for your feedback on this conceptual model
  - on the five elements
  - on the connection between elements
Thank You!

Questions?