The NRHA’s promotion of policy

Gordon Gregory, Andrew Waters, NRHA

Note: at the last moment a presenter for one of the prearranged concurrent papers was unable to attend, so Gordon Gregory and Andrew Waters filled the gap. A very small audience was present. This paper was written for the conference website after the event.

The NRHA is comprised of 27 national organisations representing the providers and consumers of health services in rural and remote areas. It is about 13 years old and its main task is to engage in the policy process in any fashion that will improve health outcomes in rural and remote Australia.

Its core policy work follows a path that is quite predictable, given its purpose. First, the 27 member bodies need to agree on the specific policy issues with which they will deal. This is an important strategic decision, given that potentially any issue that impacts on health is of interest to the Alliance, but resources to devote to the work are limited.

Once there is agreement on what issues will be considered, the next stage is to draft an agreed position. This is normally done by staff, or by commissioned consultants, who draft a written paper that then ‘iterates’ back and forth to member bodies until there is agreement. (The alternative is that it is not possible for the 27 member bodies to reach agreement, and this has been the case for a number of issues over the years.)

The next stage in this process is for Council of the Alliance to formally sign off on the draft to make it an agreed policy position. The position is then published, sometimes in hard copy and always on the Alliance’s website.

Given the complexity of many of the issues with which the Alliance deals, and the fact that 27 member bodies are involved, it is often the case that agreeing such a policy position is complex. Nevertheless its difficulty is nothing compared with the task that then follows. In order to prosecute a particular policy proposal, a large suite of follow-up activities may be useful. The suite will include writing targeted letters to parliamentarians, including ministers and shadow ministers, most often at the national level; doing media releases; engaging in planned meetings or delegations; and working with other national organisations such as professional associations to enlist their support for a particular line of action. On occasions, the Alliance also engages with State and Territory parliamentarians, parliamentary committees and State/Territory government department inquiries, however resources are limited for policy and lobbying work at this level.

It is very rarely the case that any given piece of policy work comes to an end. The policy environment is a dynamic one in which parts of good ideas are adopted early, with other parts missed. Policy circumstances change, governments change, ministers change, so that it can never be said that an idea for policy change is dead in the water. So, at any given time the Alliance finds itself in a situation where all of the 30 or 40 policy issues on which it has developed an agreed position over the last 13 years may still be amenable to action and potential change.

The Alliance’s core operational support is provided by the Department of Health and Ageing, which is often also the recipient of proposals for policy change. This means that the relationship with the Department is one of particular importance to the Alliance and its work.

The Alliance’s biggest single project is the biennial conference, and it is one of the sources of the Alliance’s priority work at any given time. Currently there are five issues before the Alliance, which it promoted it in its budget submission at the end of 2006. These issues are:

- Improving oral and dental health in rural areas, among Indigenous populations and in or with regard to people with low income.
Augmenting the special rural scholarships available in medicine and to a lesser extent in nursing, allied health and pharmacy.

Establishing an integrated, multi-professional national program for rural placements of undergraduates, as a contribution to their desired decision to spend some or all of their time working in rural areas.

Securing government support for research into the human, community and health aspects of the drought.

Improving the effectiveness and uniformity of patients' travel and accommodation schemes, funded by the states and territories, and increasing the allocation of resources to them.

To these five key priority issues the Alliance will add the agreed recommendations from the 9th conference. There will also be some of its pre-existing agreed positions to be picked up, such as those relating to child and family health, telecommunications, mental health, and alcohol and other drugs. Finally, the Alliance currently has a range of strategic issues with which it seeks involvement, including evaluation of the programs in the Rural Health Strategy, a successor to Healthy Horizons, and augmented support for the rural and remote aspects of the research undertaken by the National Health and Medical Research Council and the Australian Institute of Health and Welfare.

In relation to the recommendations from the biennial conference, it is always the Alliance’s hope that other bodies will work with it to seek the implementation of policy ideas that relate to their own interests. The Alliance is quite happy to have many of the conference’s recommendations directed at it, as long as it is understood that other agencies are often in a position to help and in many instances in a better position to act on the particular issue than the Alliance.

The final issue with which the Alliance is currently concerned is what has been termed “reform of the health sector”. The Alliance is one of some 46 organisations involved in the Australian Health Care Reform Alliance, which is leading the debate on major aspects of health reform. These aspects include how the health sector is funded; the relationship between the Commonwealth and the States in health; the continuity of care for people with chronic disease and older people; and the capacity for greater and more effective engagement of citizens and consumers in health decision making and evaluation.

People interested in these policy processes are encouraged to keep in touch with the Alliance, and one way to do this is to access its website on a regular basis. Its position papers and other relevant publications are available to anyone for direct use or to inform specific purpose policy or lobbying work.