A case study in advocacy:
'Rural proofing' and 'Health in all policies'

'Rural proofing' is the notion that it is practicable to require policy makers across all government departments to ensure that the interests of rural people, communities and businesses are considered in the development and implementation of all policies and programs - and that those policies and programs are amended if damage is likely to be done.

It is difficult to assess the actual level of impact of such a requirement on policies and programs and their impact on the health and wellbeing of country people. It is in effect 'Rural in all policies' - first cousin to 'Health in all policies'.

The rural proofing process
To be effective the rural proofing process requires policy-makers across all government departments to ensure rural people are consulted and that the needs and interests of rural people, communities, primary industries and businesses are considered and acted upon in the development and implementation of all policies and programs. Policy makers must consider whether the policies they are developing will have any impacts on rural areas, assess the significance of those impacts and, where appropriate, adjust the policy to ensure that the needs of those who live in rural areas are addressed and the risks mitigated.

Rural proofing may recognise that rural communities do not necessarily require the same outcome or exactly the same level of service as their urban counterparts but rather that policies should be sufficiently flexible to apply fairly in all areas and deliver quality services that meet the needs of those living in all areas.¹

One means in which rural proofing may be done is through the preparation of Regional Impact Statements (RISs). These require consultation between an agency and rural stakeholders in order to assess and understand the nature, quantum and timing of a planned change to the standard or level of an existing service provided to rural and regional communities. It should identify the consultation, assessment and research that has occurred and the anticipated social, economic and environmental implications of the change for the principal users or beneficiaries of that service.

International experience
Over the past decade, a number of countries have introduced rural proofing as part of the attempt to address the inequities that exist in health service provision across urban and rural areas, and there are lessons to be learned. For example, in England, the Government launched its formal commitment to rural proof all domestic policies in the 2000 Rural White Paper. However, since then, progress with rural proofing has been patchy and inconsistent across Government Departments. The Commission for Rural Communities commissioned a

consultant to undertake the collection and evaluation of evidence on 'rural proofing' in central
government departments and regional government offices in England in 2005/06 and again in
2006/07. Reasons cited for the inconsistencies in rural proofing included:

- a lack of awareness among policy makers of their rural proofing responsibilities;
- the failure of action agencies to take up information, advice and guidance about rural
  proofing;
- inadequate use of the evidence on what the rural effects would be;
- failures in consultation and engagement;
- the lack of a systematic approach to addressing rural proofing within Impact
  Assessments;
- the treatment of RISs as merely a 'tick box' exercise;
- a lack of time for thorough consultation and analysis;
- proofing overload (with policy makers possibly having to undertake rural, climate
  change, ageing and sustainable development proofing amongst others); and
- a lack of direct evidence of rural proofing outcomes.  

The requirement of making RISs public appears to prompt a more considered approach, to
the extent that more effort is put into community engagement and mitigation of any
potentially negative impacts to the region and businesses concerned. Making them public also
increases both political risk and its corollary: political risk to the government of the day.

Where rural proofing has been implemented more successfully, the policy areas have
embedded the rural proofing process within key policy making processes, applied rural
proofing to the design and delivery stages of policy development, and received strong support
for rural proofing from senior officials. Its implementation is also largely dictated by three
main factors: adequate guidance on the process by which issues are identified, defined and
presented for consideration and action; the skills and expertise of the people undertaking the
consultation or impact assessment; and the ease with which relevant resources and
information can be gathered.

Training in the preparation of RISs appears to be beneficial for both rural communities and
policy makers. Feedback from policy makers suggests it clarifies and confirms the objectives
of the project; promotes risk mitigation; establishes ongoing networks; can be used to shore
up funding; provides for the collection of data and its centralisation; allows better decision-
making; helps to streamline the approval process; creates greater empathy of Government
with constituents; helps to develop in-house research and analysis skills; can be used to
inform/educate the community; and provides feedback/public accountability.

Rural proofing in Australia
All states in Australia, with the exception of New South Wales, have embedded RISs into
their Cabinet submission process and, by doing so, made it a mandatory consideration.
However, the consideration of the impacts is subject to Cabinet confidentiality and not open
to public scrutiny, making it difficult to assess the extent to which the rural impact is
considered in the policy-making process. South Australia, however, extends its Cabinet
submission process by requiring submitting agencies to release the RIS report (which

2 Evaluation of Rural Proofing Activities in Government, ICF GHK,
http://www.ghkint.com/Services/PublicPolicy/RuralDevelopment/EvaluationofRuralProofingActivitiesinGovern-
m.aspx
accompanies the Cabinet submission as an attachment) to the public, thereby increasing transparency of decision-making.

Each state has its own requirements for the preparation of RISs and the agencies to whom policy makers are accountable. South Australia provides the most developed publicly available example of the policy’s implementation. It was the first state to integrate rural proofing into the policy making process. It has a clear, easily locatable Regional Impact Assessment Statements Policy and A Guide to Regional Consultation to support policy makers. Since 2003, 21 RIS reports have been completed and submitted in SA (there is a link below to a publicly available list of them).

We understand that rural impact is also considered at cabinet level in the Australian Government as part of the agreement with the rural independents in the previous parliament.

In the lead-up to the 2013 election, the National Rural Women’s Coalition called for greater consultation with rural, remote and regional communities and consideration of the needs and interests of rural people. In 2011, the Rural Doctors Association of Australia released a position paper also calling on the Australian Government to undertake formal rural proofing.

**Health in all policies**

The Health in All Policies (HiAP) approach is built on the rationale that health status is determined by multiple factors outside the direct control of the health sector, such as education, income, housing and transport. Policy makers in other sectors routinely consider health outcomes, including health benefits, harms and health related costs in making their decisions. The health sector supports these other sectors to achieve their goals in ways that can also improve health and wellbeing.

South Australia is considered to be one of the international leaders in implementation of Health in All Policies. It commenced there more than 5 years ago – see [http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+polices/the+south+australian+model+of+health+in+all+polices](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+polices/the+south+australian+model+of+health+in+all+polices).


**Council action:**

1. Note the pros and cons and the state of play with rural proofing and HiAP approaches in the Australian jurisdictions.
2. Consider the following resolutions:
   - The Alliance supports the principle of rural proofing and the use of RISs by all governments.
   - The Alliance will maintain contact (’a watching brief’) with the jurisdictions on their actions on this topic.
Links:

Regional Impact Assessment Statements Policy for South Australian Government Agencies: http://www.countryhealthsa.sa.gov.au/LinkClick.aspx?fileticket=1tX5NARBh68%3D&tabid=675


Rural Proofing for Health – Proofing Toolkit (UK) http://www.ruralproofingforhealth.org.uk/