Investing in the nation through rural health

Election Charter 2007

Equal health for rural people by 2020

Contents

Investing in the nation through rural health 3

The top priorities 4

1 Securing the future of rural and remote areas........................4

2 A national health policy and a rural and remote health plan 4

3 Building capacity in small towns to deliver integrated health care..5

4 Equal health within a generation for Aboriginal and Torres Strait Islander people 5

5 National investment in oral and dental health 6

6 Immediate investments in nursing and allied health...........6

7 Better mental health in rural and remote areas 7

Other priorities for an incoming government 8

Improving access to health professionals in rural and remote areas...8

Regional cancer care...10

Maternity services in rural and remote areas 10

Patients' travel and accommodation assistance schemes...........11

Aged care 11

Child and maternal health 12

Rural Health Strategy..12

Healthy Horizons...13

Australian Health Care Agreements...13

Data and evidence on rural and remote health 14

Broadband for the bush 14

Medicare 15

New programs for health promotion.......................................15

Member Bodies 16

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Investing in the nation through rural health

Overall, Australians have good health by international standards, but for Indigenous Australians and people in rural and remote areas there are particular challenges and deficits. Some 7 million people, or 30 per cent of the national population, live in rural and remote areas. Furthermore, the current health care arrangements at the national level could be significantly improved. The changes would enhance universality, safety, quality and efficiency in health care, as well as equity of access.

Improving the national health system would support targeted work to provide better health and health services for disadvantaged groups, such as Aboriginal and Torres Strait Islander peoples and the citizens of rural and remote communities.

Some 70 per cent of Aboriginal and Torres Strait Islander people live outside the major cities. The average life expectancy of Indigenous people is 17 years less than that of non-Indigenous people. The 'emergency intervention' in the Northern Territory provides an unprecedented opportunity for beginning long-term, consultative, bipartisan and well-funded national work to improve Indigenous health.

Significant investments have been made in rural and remote health in recent years by the Australian Government, by the States and Territories, and by local government. Chief among these at the national level are new commitments to mental health, Medicare support for emergency dental treatment, and ongoing investment in the programs of the Rural Health Strategy. Programs in the last category include the Rural Clinical Schools, University Departments of Rural Health, and More Allied Health Services and Regional Health Services programs. There has also been a Senate Inquiry into the provision of patients' accommodation and travel support.

Despite these health initiatives, and financial assistance for the impact of drought, bushfires, tropical cyclone and flood, the process of improving the health of people in rural and remote areas, and of enhancing the rural health workforce, is not keeping up with demand. The decline in the rural health workforce and the effects of drought and other climatic events have put many rural communities under pressure, with loss of income and accompanying family and community disruption, and more out-of-pocket costs and risks related to health.

Additional investment in rural and remote health will contribute to the sustainability and wellbeing of communities in regional and remote areas and enhance the nation's productivity.

Such investment will have particularly valuable returns because there is currently a serious disparity in health outcomes between rural and urban people. On average people in rural and remote areas live four years less than their urban colleagues. Survival rates for cancer and cardiovascular disease are poorer. Mortality from occupational accidents and motor vehicle crashes is higher. This reflects both higher exposure to risk factors and poorer access to essential health services for rural people.

The Alliance proposes a range of measures that will help achieve equal health for people in rural and remote areas by 2020. This is not just an equity issue. Health is an economic input, and good health contributes to workforce participation, productivity and economic growth.

Better health for people in rural and remote areas will contribute significantly to Australia's economic and social wellbeing—and this document describes some of the ways forward.

The top priorities

1 Securing the future of rural and remote areas

Rural and remote communities, and their industries, are vital parts of Australia's economic, social and cultural identity. In aggregate, industries located in rural areas are contributing enormously to Australia's wealth, mainly through the mining sector. As a result, selected communities and regions are booming. However many other areas are affected by long-term decline, compounded by drought and the spectre of climate change. Rapid growth and long-term decline both pose significant challenges for the provision of services, including those related to health. There needs to be certainty about the respective role of governments and markets in these processes: the extent to which governments will intervene to support or compensate those who are adversely affected, or to expedite the establishment of infrastructure in growing areas. Many people in rural and remote areas are unable to access the health services and health professionals they need. So the health sector needs to be built up, which will also help the economic base in regional areas. However the work of the health sector in rural and remote areas needs to be compatible with overall national policies for rural and regional development.

The NRHA calls on the Australian Government

➔ To establish an independent inquiry into the future of Australia's rural and remote communities and to commit to appropriate follow-up action. The inquiry will clarify the nation's vision and direction for those areas, and help to balance and distribute the impact of economic growth and decline. In particular, the inquiry would outline national plans for supporting people adversely affected by economic and demographic change, and for building social capital and local resilience.

2 A national health policy and a rural and remote health plan

There is great uncertainty about the respective roles of the Australian Government and the States and Territories in the health sector, and there is considerable debate about what the best health system for Australia would look like. The health sector is too important to be the subject of such political and public policy uncertainty. It comprises a substantial part of Australia's GDP, provides major opportunities for cost efficiencies and national economic prosperity—and the products it provides to consumers are fundamental. There needs to be a systemic rather than piecemeal approach to health service systems, and an agreed national framework will enable a focus on illness prevention, primary health care, developing the workforce and improving the match between service models and the characteristics of particular communities.

The NRHA calls on the Australian Government

➔ To clearly set out its priorities for the key elements of a national health policy, and to consult with Australia's citizens about them. Health financing, clinical, safety and workforce issues would be addressed within this new national framework. It would include a national health plan, with benchmarks and indicators for governments and service providers to report against, and priorities for a national plan for rural and remote health to succeed *Healthy Horizons*. The new national framework will accommodate existing strategies and action plans, such as those for Indigenous health, mental health, workforce, obesity, nutrition, and child and adolescent health.

3 Building capacity in small towns to deliver integrated health care

There are many small towns in which it is not economically or clinically sensible to sustain a number of stand-alone facilities. A range of programs funded by the Commonwealth and the States provide services to smaller towns, such as the Regional Health Services program and the Rural Medical Infrastructure Fund. Despite these, the shortage of 'multipurpose infrastructure' (clinic buildings, staff accommodation, IT services) in such small towns is a barrier to the provision of primary health care delivered by integrated teams. Work on other fronts to overcome workforce shortages needs to be matched by additional investment in physical infrastructure for smaller towns.

The NRHA calls on the Australian Government

- To provide extra health-related infrastructure in towns of less than 7000 people, including through collaboration with the States and the Northern Territory on the sort of localised 'funds pooling' that already occurs through the Multi-Purpose Services program. It may be possible to formalise this collaboration, without adversely affecting health services, through the new Australian Health Care Agreements to start from 1 July 2008.

4 Equal health within a generation for Aboriginal and Torres Strait Islander people

The work in the Northern Territory has stimulated valuable public attention and bipartisan support for work to improve the health of Aboriginal and Torres Strait Islander people. All Federal Parliamentarians should commit to action to transform the emergency intervention in the Northern Territory into bipartisan, long-term and well-resourced national work, across all departments and governments, to achieve equal health for Aboriginal and Torres Strait Islander people throughout the nation within a generation. This will require whole-of-government and national support. It will mean working on the social and economic determinants of poor health, as well as on putting in place a comprehensive primary health care system for Indigenous people. The national cost over the long term will be substantial.

The underspend on health services for Aboriginal and Torres Strait Islander people (through the MBS, PBS, dental services and other primary care activities), adjusted for the level of health care need, is estimated to be $350–500 million per annum. New national investment of this order—around $460 million a year is seen by many as a minimum reasonable figure—should be over and above the special allocations for the Northern Territory intervention.

The purposes to which the money would be put have been outlined in the *Close the Gap* campaign and include additional support for health-related infrastructure, developing the Indigenous health workforce, Indigenous community-controlled health services, and to improve the accessibility of mainstream health services for Indigenous peoples.

The NRHA calls on the Australian Government

- To provide funds of $460 million extra per year (on top of the special commitments already made for the Northern Territory) for investment in infrastructure, 'health hardware', workforce initiatives and integrated primary health care for Indigenous communities.

5 National investment in oral and dental health

Australia has the second worst adult oral health of all OECD countries. Oral and dental health problems are largely preventable and there is a link between dental disease and other chronic diseases. People in rural areas suffer poor oral and dental health and there is a very serious shortage of dentists in rural areas. There are 55 dentists per 100 000 people in the major cities compared with 17 per 100 000 in western New South Wales and even less in remote Queensland. In parts of Victoria people have to wait up to four years for public dental treatment. The proposed investment by the Australian Government in this area would also see the States injecting additional funds into school dental services, oral health promotion, public dental care for older people on low fixed incomes, and fluoridation. The roll-out of this national plan will require specific initiatives for improving the capacity of the dental sector to deliver in rural areas.

The NRHA calls on the Australian Government

- To provide significant national investment and leadership in oral and dental health. The proposed national program would make available oral and dental health checks for those with poor access to fee-for-service dentists, and rural areas would receive one-third of the allocations. This would be backed by a further 90 places at Australian Dental Schools, undergraduate scholarships for students from rural and remote areas to study dentistry and oral hygiene, and relocation incentives for dentists to go to rural areas.

6 Immediate investments in nursing and allied health

Health workforce shortages become worse as one moves from metropolitan to remote areas. This trend is evident for all health professions, although nurse to population ratios are relatively well maintained (see Figure 3). Their significant numbers make recruitment, retention and re-entry programs for nurses particularly important to rural areas. The costs of a tertiary education are higher for people from rural and remote Australia.

The most recent AIHW data show that the full-time equivalent number of GPs in rural and remote areas has fallen. Nevertheless, valuable lessons have been learnt from the rural general practice strategy and they should be applied to programs for other health professions. There needs to be a greater equivalence of recruitment and retention incentives across the health professions. Rural students are under-represented in health studies programs apart from medicine, and there is unmet demand for the existing rural nursing and allied health scholarships. Rural scholarships will increase rural students' representation in health studies programs and improve workforce supply to rural and remote areas. Another key determinant of rural practice is a well-supported undergraduate rural placement.

The NRHA calls on the Australian Government

- To increase the number of scholarships for rural people to study nursing and allied health.
- To work with the universities and health professions to establish a national system of quality rural placements for health science students. Part of this should be enhancement of the network of University Departments of Rural Health (UDRHs), through the establishment of new and the augmentation of some existing UDRHs, to service regions that currently have no connection with a UDRH.

7 Better mental health in rural and remote areas

Poor mental health continues to be a serious challenge in Australia and, where mental health services are concerned, rural and remote people have special needs. The stresses and strains experienced by people in country areas are distinct; many general practices in rural and remote Australia have long waiting lists and limited referral options; and the situation is subject to greater visibility and stigma.

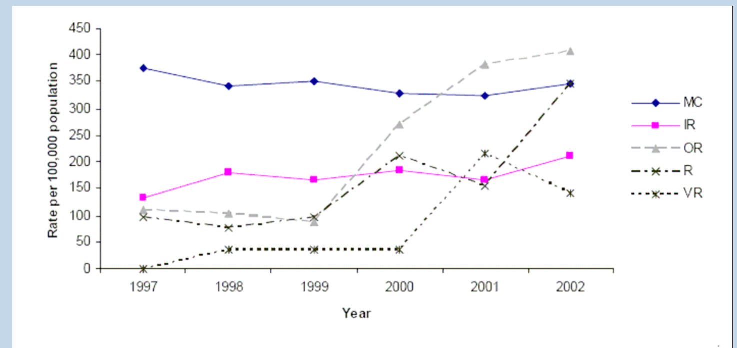
A substantial part of the Australian Government's new allocation to mental health is being provided through new Medicare item numbers for GPs and psychologists. However, rural and especially remote areas are short of doctors and very short of mental health professionals eligible to provide services for or on behalf of general practitioners. There is therefore a concern that people in remote areas will not have access to these new services. Worse still, there is the possibility that the new item numbers may attract mental health professionals from the public to the private sector, and (potentially) to regional and metropolitan centres where the market for their services is more aggregated.

The NRHA calls on the Australian Government

- To ensure that people in rural and remote areas are receiving their fair 30 per cent and are not paying higher gap fees, by monitoring the distribution of expenditure under the new Medicare item numbers in mental health.
- To provide targeted mental health services for rural areas, through both the specialist mental health systems and through support for community programs that prevent mental illness and help to manage those with a mental illness.

Scholarships boost rural students in medicine

Figure 1 Undergraduate commencement for medicine, 17–20 year olds from each area, 1997–2002

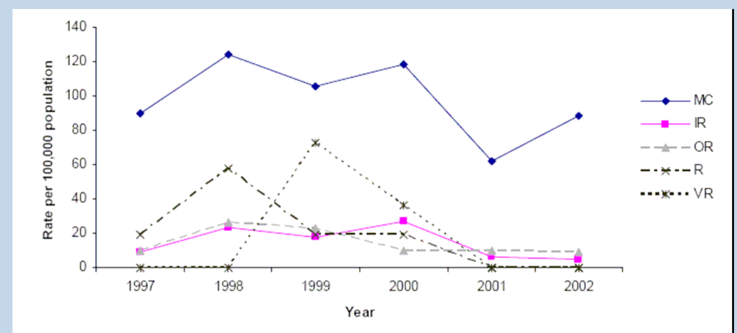


Note that rural medical undergraduate scholarships were introduced in 1998.
ASGC areas: MC = major city, IR = inner regional, OR = outer regional, R = remote and VR = very remote.

Source: AIHW, Rural, regional and remote health: May 2005.

Rural students under-represented in dentistry

Figure 2 Undergraduate commencement rate for dentistry, 17–20 year olds from each area, 1997–2002



ASGC areas: MC = major city, IR = inner regional, OR = outer regional, R = remote and VR = very remote

Source: AIHW, Rural, regional and remote health: May 2005.

Other priorities for an incoming government

Improving access to health professionals in rural and remote areas

Australia urgently needs health workforce reform. There are major savings to be made from increases in workforce efficiency in the health sector, and there is a serious maldistribution of health professionals (Figure 3). Given the demographic change affecting Australia and the worldwide shortage of health professionals, there will never be enough doctors, nurses, dentists and allied health professionals unless the demand for their services is moderated and the supply of their services is redesigned. For example, in Australia 10 per cent of normal births are managed by midwives, whereas in the Netherlands it is over 70 per cent and in the United Kingdom over 50 per cent.

The nursing workforce is the largest single part of the health workforce, including in rural and remote areas. The shortage of nurses in rural and remote Australia is very serious. At any given moment, a significant proportion of those trained as nurses within Australia are not in the nursing workforce. This attests to relatively poor rates of pay in nursing, the difficulties and conditions of the work, and perhaps the perceived low esteem of the profession.

International medical graduates (IMGs) now account for over 25 per cent of the rural GP workforce, and over 50 per cent of rural GPs under 45 years old. There is a fear that the *Strengthening Medicare* program will result in losing rural IMGs to urban Districts of Workforce Shortage. IMGs are an essential part of the rural health workforce but concerns have been expressed about assessment processes, cultural adaptation, amount of support and assistance provided by governments and the level of training, mentoring and supervision available from experienced rural GPs. Any program designed to increase the exposure of medical students to rural and/or remote areas will impact on communities, mentors, teachers in the field, as well as on students themselves.

Health service managers' positions in rural and remote areas should be recognised as a specialist area of management and should be attractive positions with good career opportunities. Employers of health service managers, including governments, should resource the positions appropriately, and managers in rural areas should be remunerated on the same basis as those in metropolitan health services. Opportunities should be provided for career health managers to experience rural aspects of health management and a general rural orientation. Health systems should recognise the importance of providing career progression opportunities and good access to professional development for managers in country areas.

There is a serious continuing shortage of allied health services in country areas and State and Territory governments should increase the priority given to allied health positions in those areas. Allied health professionals provide a wide range of services, including in rehabilitation, acute care, continuing care for chronic illnesses, aged care, palliative care, mental health and health promotion. There are still major gaps in data relating to allied health professions and the need for their services.

Indigenous health workers play a key role in the provision of health services to Aboriginal and Torres Strait Islanders. There needs to be implementation of standardised competencies, and attention given to workforce shortages, retention strategies and support for members of the profession (eg for registration and professional association issues).

The best future for rural and remote health services will see multi-disciplinary teams working together. This has important implications for how health professionals are educated and trained, and for the infrastructure that needs to be provided for their work. The variety of successful service arrangements in rural and remote areas provides some evidence of how workforce reform should proceed in Australia and should encourage further developments in interprofessional education and professional development.

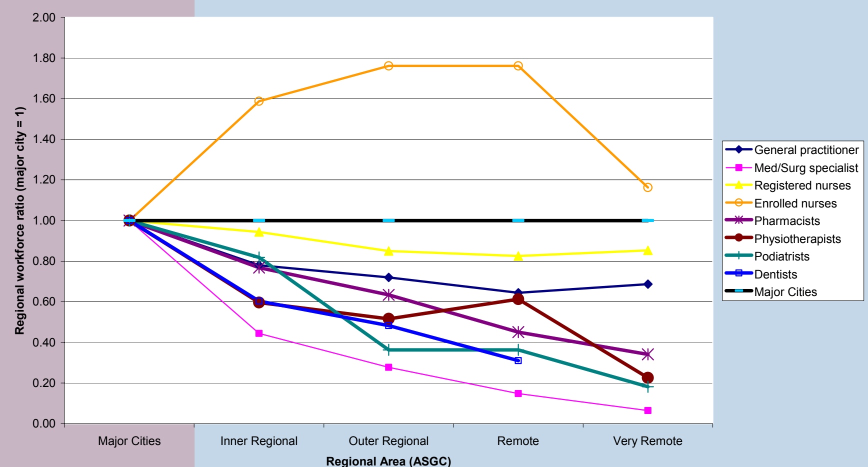
The NRHA calls on the Australian Government

➔ To lead strategic reform of the health workforce along the lines suggested by the Council of Australian Governments and the Productivity Commission. This will include increasing training places for some health professions, and leading innovation in workforce structures and practices.

- To develop a comprehensive recruitment and retention strategy, as part of the national health policy, to address health workforce shortages. Such a strategy could include targeted scholarships, a national integrated rural placement scheme for health students, ensuring appropriate initial and ongoing education and skills development, ongoing peer support and mentoring, locum relief, and flexible employment conditions. The strategy will detail the responsibilities of the Australian and State/Territory departments in workforce education, training, recruitment and retention.
- To support action to expand the nursing workforce, through additional undergraduate places and a range of recruitment, retention and re-entry programs relating to nursing.
- To commission a national analysis of supply and demand for allied health professionals across rural and remote areas, and of their training and support needs.
- To establish national locum relief and mentoring programs for rural and remote nurses.
- To work with the States and Northern Territory to provide nurses in rural and remote areas with access to reliable information technology, and training and support for its use.
- To increase the number of joint academic/clinical allied health positions in rural and remote areas, providing support to allied health students, new graduates and local practitioners.
- To consider the introduction of a HECS reimbursement scheme for graduate allied health professionals in rural and remote employment.
- To ensure that new and existing UDRHs have a strong multi-professional focus across their education and training programs, including where possible the promotion of joint placements of medical, nursing and allied health students.
- To fund targeted incentives for Australian-trained GPs to enter rural practice.
- To introduce a more intensive case-management approach to supporting international medical graduates and their families, to help ensure that they are successfully placed in fully equivalent medical practice.
- To provide support for international medical graduates to collaborate with other members of inter-disciplinary health teams, such as allied health workers, clinical nurses, dentists and practice managers.

Access to health service declines with remoteness

Figure 3 Workforce distribution ratios for selected health professions



Source: AIHW, Rural, regional and remote health: May 2005.

Regional cancer care

An estimated 106 000 new cases of cancer were diagnosed in Australia in 2006 and the Australian Institute of Health and Welfare (AIHW) expects this number to increase by 31 per cent over the next five to 10 years as the population ages. The Australian Government has a four-year $189.4 million plan to improve cancer control. The 2006 AIHW report *Cancer in Australia: an overview* highlights lifestyle factors (exposure to sunlight, smoking rates and a tendency to postpone visits to the doctor) for driving up cancer rates and/or reducing survival rates in rural and remote areas, with men at greatest risk. The report also reveals that men in rural and remote areas had significantly higher rates of cancers diagnosed in advanced stages. This underscores the importance of regular health checks to increase the likelihood of early detection, which depends on good access to health professionals. A New South Wales study has shown that survival rates from cancer are lower in rural and remote areas, reflecting later diagnosis due to poorer access to services, including specialist cancer services.

The NRHA calls on the Australian Government

- ➔ To establish a regional cancer care reform program built around cancer centres of excellence in larger rural centres. Currently just eight sites service almost half the Australian population. The existence of specialist cancer services in regional areas would reduce the need for people from more isolated areas to travel to the capital cities.

Maternity services in rural and remote areas

Some 130 rural maternity services have closed in Australia in the last decade. It is generally the smaller services that have closed, despite evidence that for normal births they are as safe as larger metropolitan units. There is a shortage of appropriately qualified health professionals in rural and remote areas for maternity services. The closures have been due to a combination of workforce shortages, changed demographics and rationalisation of services. The loss of local maternity services has shifted significant risk away from health services and onto families. There is an increased chance of birth occurring outside the appropriate care setting, a higher risk of associated complications, and greater costs in time and money to be borne by mother and family. These immediate costs are incurred through increased travel and accommodation away from home, with concomitant family dislocation.

The NRHA calls on the Australian Government

- ➔ To retain existing maternity services and, where possible, to reinvest in maternity services in the bush. This will require better data collection and research evidence relating to maternity services (eg place of residence, place of birth), investment in diagnostic and treatment equipment, and workforce programs related to education and training, recruitment and retention, cultural security, and risk management.

Patients' travel and accommodation assistance schemes

Improving access to specialist and tertiary care for people living in rural and remote areas will help narrow the gap in access to health services and in health outcomes. Where this cannot be achieved by providing local services in more remote areas, the only reasonable alternative is subsidised travel and accommodation to enable these patients to access care in major centres. It will always be the case that much diagnostic testing, complex treatment and follow-up care are only available at tertiary hospitals, so patients' travel and accommodation assistance schemes are part of the core services for health in more remote areas.

The NRHA calls on the Australian Government

- To lead the development of more uniform and better funded patients' accommodation and travel schemes in all jurisdictions. Agreements should be struck to ensure that all States and Territories have well-funded systems. The schemes should accommodate the particular barriers experienced by Indigenous Australians, and be relatively generous given that public transport in many rural and remote areas is limited or non-existent.
- To consider development of a broader patients' accommodation and travel scheme that covers any intervention not available locally and that is related to illness prevention, early intervention or management (eg antenatal care).

Aged care

Aged care services should be available locally for as many Australians as possible, including those in smaller communities. There is an acute shortage of staff in the aged care sector, particularly in rural and remote areas, and governments do not allow for the higher costs of providing aged care services in rural and remote areas. The Viability Supplement has been extended to community (cf institutional) aged care services in rural and regional areas, but many facilities in more remote areas still find it very difficult to be economically sustainable and to attract staff. While most of the focus is on older people in need of care, including in an institutional setting, attention also needs to be given to the rural and remote aspects of wellbeing for older people who are in good health. The wellbeing of the healthy aged can be enhanced through a wide range of goods and services, policies and programs.

The NRHA calls on the Australian Government

- To fund and manage rural and remote aged care services as Flexible Care, with funding and quality regimes designed for the specific circumstances of each local community and service.
- To provide additional capital grants to rural and remote areas so that facilities can be built and maintained to meet appropriate certification requirements.
- To establish a staff support scheme for rural and remote aged care services, to include support for e-learning and other forms of distance education and give access to training for staff, support the recruitment and induction of skilled staff, and provide staff and family benefits.

Child and maternal health

Meeting the needs of children in rural and remote areas is not only a social justice issue but also one of the best possible investments in the future health of Australia. 'Failure to thrive' among Indigenous babies is still a major challenge and Indigenous children suffer high rates of infections and illnesses that affect them for life (ear infection, rheumatic fever, skin conditions, nose and throat infections, poor oral health and nutrition). The emergency intervention in the Northern Territory provides an opportunity for all sides of politics to support long-term national programs to care for the health and wellbeing of children, particularly in the critical period from conception through to school. The broader issue is for Australia to develop world's best-practice programs for supporting pregnant women and their babies in the first few years of life.

The NRHA calls on the Australian Government

- To adopt proposals in the consultation paper *Developing a National Public Health Action Plan for Children 2005–2008.* Aboriginal and Torres Strait Islander children should be the highest priority for government programs relating to maternal and child health.
- To increase the national effort on early intervention in child and maternal health and for healthy parents, particularly through Healthy Mothers: Healthy Babies programs, and family services for rural areas.

Rural Health Strategy

The 2004–05 Budget provided $830 million over four years for the Rural Health Strategy. The programs in this strategy are the centrepieces of current Australian Government rural and remote health initiatives. They include general practitioner training and support; better medical specialist and allied health access; other primary health care access and chronic disease management initiatives; and health workforce enhancement through University Departments of Rural Health and Rural Clinical Schools. The programs are being reviewed during 2007 and this provides an opportunity to investigate the benefit rural people have gained from them, to align specific budget investment in rural health with the *Healthy Horizons* framework, and to look at addressing service gaps in the future.

The NRHA calls on the Australian Government

- To report publicly on the Rural Health Strategy programs' resource allocation, targeting, impacts and outcomes, safety and quality, and cost-effectiveness.

Healthy Horizons

Healthy Horizons is the de facto national rural and remote health strategy, agreed by the Australian, State and Territory Ministers for Health and the NRHA. It is currently being reviewed. The principles of *Healthy Horizons* address the primary health care approach, public health, community capability, community participation, access to health care, sustainability of health services, partnerships and collaboration, and safety and quality. The vision of *Healthy Horizons* will be achieved when there is equal health for rural, regional and remote Australians and when areas of high need in rural, regional and remote Australia have access to adequate resources.

The NRHA calls on the Australian Government

- To work with the States/Territories and the NRHA to replace *Healthy Horizons* with a more formal national rural and remote health plan, which would be part of the new national health plan within the national health policy. Like the national health plan, the rural health plan would integrate other strategic frameworks and performance indicators in its scope, including, for example, the Australian Government's national health priorities, and agreed plans for Indigenous health, mental health, obesity, nutrition and workforce. The rural health plan would include a range of targets against which periodic public reports on progress would be made by the Australian, State and Territory Health Departments and the NRHA.

Australian Health Care Agreements

The Australian Health Care Agreements between the Australian and State and Territory Governments formalise shared funding for acute care services provided by public hospitals. Under the current agreements, the Australian Government and the States and Territories provide about 50 per cent each to the costs of public hospitals. Negotiations have begun for the five-year period from 1 July 2008. The Australian Health Care Agreements provide an opportunity for the Commonwealth and States to agree desirable outcomes and targets for public hospitals, as well as linkages between primary care, aged care and hospitals. They have also been used as a vehicle for inter-governmental agreements on setting goals in relation to particular population groups, and this capacity should be built on and enhanced. The new agreements should be broadened beyond hospitals and used by governments as an opportunity to agree targets in areas such as mental health, oral and dental health, and maternity services.

The NRHA calls on the Australian Government

- To work with the States/Territories to include in the new Australian Health Care Agreements performance measure of access for people in rural and remote areas to hospital (and, potentially, other) services. Such measures would include measures of prevention activity, service availability, usage and health benefits.

- To build into the Australian Health Care Agreements for 2008–13 targets for mental health, oral and dental health, and maternity services; and agreed plans to improve linkages between primary, secondary and aged care service provision and arrangements for continuity of care.

Data and evidence on rural and remote health

Australia is now recognised as a world leader in rural and remote health education and training, but rural and remote health research is still relatively piecemeal and generally consists of short-term projects based on limited short-term funding. Improved research infrastructure and quarantined funding would not only help improve the evidence base and the research effort but would also help support the recruitment and retention of clinicians to rural and remote Australia. This would allow those clinicians to maintain and develop their skills and interests while working in such areas. It will also foster a culture of enquiry and continual improvement that will encourage rural health services to adopt new models of care.

The NRHA calls on the Australian Government

- To commit to a funded national strategic approach to rural and remote health research, building on the existing infrastructure located in rural, regional and remote areas. The approach should encompass all institutions in which research and evaluation is undertaken, including academic bodies and service providers. The research should include participatory and action research, as well as more theoretical inquiry.
- To provide the Australian Institute of Health and Welfare with greater capacity to undertake its rural and remote health research stream.

Broadband for the bush

Developments in information and communication technology (ICT), such as broadband, have not brought the same gains to rural as for urban people. The necessary infrastructure is generally first made available in capital cities, where population densities are higher and returns greater, before it is extended to rural and then remote areas. In a survey conducted in October 2006, Australia ranked second last in the OECD for broadband speed. Australia also ranked poorly in terms of consumer costs for ICT. Many aspects of ICT would be extremely beneficial to rural people needing health care, and to their service providers. High speed internet connection could provide point-of-care linkages between local health care providers and specialists at a distance. Telehealth systems have the potential to improve health service efficiency, and improve access and convenience for the consumer. ICT systems are also important in providing access to continuing professional development for professionals in more remote areas.

The NRHA calls on the Australian Government

- To invest sufficient resources to ensure that all people in rural and remote Australia have information and communications technology infrastructure that provides world-class speed, connectivity and coverage.

Medicare

Reforms to the Medicare Benefits Schedule have included new item numbers for co-ordinated care and provision of rebates for services "provided for or on behalf of" general practitioners. The 2006 and 2007 Budgets extended Medicare coverage to selected items for both mental health and dental health care. The key principle of Medicare is its universality, which underpins its ability to deliver on access, equity, efficiency and simplicity. However, universal access is not a reality for many people in rural and remote areas, given the unavailability of doctors and pharmacists in some places. Where this is the case it is critical that the Australian Government continues to provide funding for alternative first-point-of-contact assessment and treatment services.

The NRHA calls on the Australian Government

- To provide targeted incentives through Medicare for medical services in rural and remote areas, and for other health services where doctors are not available. To continue to enhance local access in rural and remote areas to procedural medical services.
- To routinely publish Medicare statistics that enable geographic comparisons of access to private medical services and patients' out-of-pocket costs.
- To commission research on the total health costs to consumers (including those in rural and remote areas) of ambulatory care over episodes of illness or over a 12-month period.
- To continue to accept responsibility for funding alternative primary care services for people who have limited access to doctors and pharmacists.

New programs for health promotion

By preventing or delaying ill health, health promotion delivers personal, family, community and national benefits—the last in terms of cost savings in the national health care and disability systems, as well as improved productivity. Nevertheless, Australia spends a very small proportion of its health budget on health promotion. Successful health promotion campaigns provide people with greater control over their own lives and thus over their health and wellbeing, as well as additional information and resources.

The social and economic returns achievable through effective health promotion in rural and remote areas are high because there is great scope for action in those areas. Rural and remote areas are prone to limits in basic infrastructure including, for example, unreliable energy supplies and poor water quality; and unreliable water supply and waste management. In many places, these basic deficiencies are compounded by inadequate 'health hardware' such as taps, toilets, stoves, washing machines and refrigerators. The health disadvantage this environment creates is in some places compounded by inadequate surveillance and control of parasitic infections, vector borne diseases and other communicable diseases. In rural areas there is also reduced access to appropriate health information, which contributes to unfounded beliefs about health and health care and can lead to unhealthy attitudes, behaviours and cultures. All of these things contribute to higher health risks, such as poor oral health practices and harmful behaviours such as drink driving and drug use. Effective health promotion would address such environmental, attitudinal and behavioural risk factors as these.

The NRHA calls on the Australian Government

- To adopt an active approach to health promotion, building social capital in rural and remote communities to address the relative lack of resources, while also tackling behavioural and lifestyle risk factors. There should be greater attention to child and maternal health, and the health aspects of pre-school and childcare; a higher priority to public health measures for smoking, weight control, diet, exercise, alcohol and other drugs, safety on the roads and in workplaces (including on farms), gambling, interpersonal violence, and self-care; and health-promoting advertising, taxation and pricing regimes.

The National Rural Health Alliance

Purpose: To improve the health and productivity of rural Australians by co-ordinating member bodies' knowledge and skills to help governments, health professionals and rural communities achieve health goals.

Vision: Equal health and wellbeing in rural, regional and remote Australia by the year 2020.

Member Bodies

ACHSE	Australian College of Health Service Executives
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare & Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
ARHEN	Australian Rural Health Education Network Limited
ARNM	Australian Rural Nurses and Midwives
CAA (RRG)	Council of Ambulance Authorities - Rural and Remote Group
CRANA	Council of Remote Area Nurses of Australia Inc
CRHF	Catholic Rural Hospitals Forum of Catholic Health of Australia
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHN	National Rural Health Network
RACGP (NRF)	National Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors' Association of Australia
RDN	Rural Dentists Network
RHWA	Rural Health Workforce Australia
RFDS	Royal Flying Doctor Service of Australia
RGPS	Regional and General Paediatric Society
RPA	Rural Pharmacists Australia—Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health