



15TH NATIONAL
RURAL HEALTH
CONFERENCE
Better together!

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Hotel Grand Chancellor
Hobart, Tasmania



NATIONAL RURAL
HEALTH
ALLIANCE LTD

27 March 2019

Priority recommendations from the 15th National Rural Health Conference

The Sharing Shed process

Delegates and presenters were encouraged to offer recommendations for future action via the online portal, The Sharing Shed. The Conference Recommendations Committee collated the recommendations from the Sharing Shed and reported on them to delegates at various stages of the Conference. A Recommendations Roundtable meeting was also held where delegates could ask questions of the Committee during the Conference. The Committee drew out key themes and issues and developed the final set of priority recommendations which were presented to the minister responsible for rural health the Hon Sen Bridget McKenzie on the final day. This document contains the priority recommendations categorised into six key themes.

Following each biennial Conference, the Priority Recommendations are considered by the Alliance Council and Board for inclusion in the strategic priorities of the organisation as well as being a focus for individual member organisations. The Alliance also encourages organisations, governments and any other interested parties to support, promote and act on any of the recommendations arising from the Conference.

It should be noted that the 15th National Rural Health Conference was attended by over 1,100 delegates – all of which have a strong interest in achieving better health outcomes for the 7 million Australians that live in rural, regional and remote Australia. These recommendations represent the strength of their interest and commitment to rural health.

Preamble:

In the context of Rheumatic Heart Disease, Dr Bo Remenyi:

“We are using surgical solutions to solve social problems Lets lift the level of access to safe housing, education and access to culturally appropriate health care to a level that young people no longer endlessly suffer the consequences of open heart surgery as a consequence of poverty.”

From Sir Harry Burns from his Scottish collaborative experience

“Public policy fails because we focus on problems, needs and deficiencies - we amplify problems...this triggers our collective stress response... making it worse. Improvements in health and well-being will be seen when we shift the financial power held by government to sharing power to frontline staff to ceding power to coproduce programmes with citizens”

An overarching message on diversity and inclusivity is required, especially in rural and remote health. No one wants things done “to them” rather health services need to be designed “with

them". We should send a clear message on the requirement for rural and remote persons to be included in all policy discussions and determinations being made on their behalf.

Recommendations:

1. Aboriginal and Torres Strait Islander Health

The gap in Aboriginal and Torres Strait Islander health outcomes remains completely unacceptable and the most pressing issue for all Australians. We confirm our commitment to urgent and comprehensive action to Close the Gap.

- Conference delegates **endorse the Uluru Statement from the Heart**, and call on all political parties, state and territory governments to respond from the heart and commit to engaging in a process of truth-telling and agreement-making to eradicate discrimination, racism and improve health and wellbeing.
- We also call for urgent **commitment of funding to expand Aboriginal community controlled comprehensive primary health care services** to not only diagnose and treat health issues, but to work in partnership with other sectors to tackle underlying determinants of health such as housing, education and employment. We need to **stop using surgical solutions to tackle social problems**. We must commit to the eradication of preventable conditions such as Rheumatic Heart Disease and Ear Disease, through community-led local-level cross-agency action.
- We recognise the essential role of Aboriginal Health Practitioners and workers in the provision of culturally safe services, including as mentors and trainers of non-Indigenous staff. We call for **a greater investment in training, support and career pathways for Aboriginal and Torres Strait Islanders in health**, to grow and sustain the vital workforce. There needs to be widespread recognition of the unique contribution they bring and the need for support to enable them to meet both cultural obligations in addition to professional obligations (walking in two worlds)

2. Determinants of health must be addressed

Any comprehensive rural health strategy must address the determinants of health and wellbeing and eradicate diseases of poverty. **Specifically, ecological, social, economic and cultural determinants need to be addressed as a matter of urgency**. The National Rural Health Conference delegates call on all governments to commit to:

- A whole of government approach to **rural poverty**. This includes taxation and welfare reform such as increasing the NEWstart allowance and stable housing.
- A fully funded **comprehensive National Rural Wellbeing Strategy** that addresses ecological, social, economic and cultural determinants of health and wellbeing for rural, regional and remote communities. This strategy must have a long term view and be implemented in a "silo busting" approach.
- **Change the way our health is measured. Start measuring wellbeing outcomes of rural communities** that go beyond economic capital indicators. Wellbeing indicator measures must include measures of other capitals such as human, health, spiritual, cultural, knowledge, and environmental capital.

- **The creation of a new Ministerial Portfolio for the First 2000 days of life** (the Early Years Minister). The new portfolio should be situated in Prime Minister and Cabinet with the Treasury Department responsible for the policy development, funding, monitoring and reporting. The early year's strategy should take into account service designs for life events.
- **Recognise the importance of epigenetics in health and how this negatively impacts upon the transmission of intergenerational trauma**, resulting in life long morbidity. For example, maternal stress is related to the development of diabetes and renal failure. It is essential to improve the health of both mother and father before conception.
- Applying a rural-proofing lens to **ensure that all governments policies are developed and implemented in such a way that social and health inequalities do not increase**, and that unintended outcomes are mitigated. This will require government investment in climate change adaptation strategies that enable rural health services, the health workforce and communities to adapt to climate change impacts.
- Invest in, and mandate that all rural health services implement the **National Climate Health and Wellbeing Strategy** and increase funding for community resilience and capacity building and preparedness for climate change services and programs and initiatives.
- The creation of a **National Sustainable Development Unit**. This department could work across government sectors and jurisdictions to own and implement an Australian response to the United Nations Sustainable Development Goals, crucially addressing climate change and other **planetary health** issues. This department would have remit to ensure that rural communities can transition effectively to meet challenges in population shifts, renewable energy, agricultural industry adjustment, ocean and river acidification, changes in land use, and biodiversity loss.

3. Access

- Primary care services in rural and remote communities are fragmented and not well coordinated. We call upon the government to take **immediate action to develop an integrated primary health care system which maximises the value of MBS funding streams**, state government funded primary health care positions and PHN commissioned funds to create comprehensive primary care services such as exists in the Aboriginal Community Controlled Health Organisations.
- Federal and state funding mechanisms frequently result in short term funding commitments to employing organisations, including non-government organisations. This further frustrates attempts to establish employment certainty for prospective and current employees and is a major issue associated with rapid staff turnover and inability to recruit. We call upon governments to ensure that for all remote and very remote locations, all **funding agreements are established on a rolling annual review basis for a minimum three-year term**.
- **Current market based models for service delivery and workforce recruitment and retention are not viable for rural areas**. For example NDIS do not yet have adequate measures in place to promote equity of access for people living in rural and remote areas. We need funding support for **long term collaborative models that are co-designed with communities and front line workers**.

- Urgent action is required to **address the unacceptable number of Indigenous deaths caused by suicide in remote communities**. Governments need to **commit to working with Aboriginal and Torres Strait Islander** leaders to implement preventative strategies to address the underlying factors contributing to this.

4. Workforce

Over 20% of the poorer health outcomes experienced by the 7 million people that live in rural, regional and remote Australia is impacted by the continued under-representation or absence of the health workforce. Urgent action is required to redress the maldistribution of the health workforce. The conference calls on government to:

- **Invest at least the same level of funding** that has been directed to the supply and distribution of locally trained GPs to the other health professions necessary to provide comprehensive health care in outer regional, rural, and remote Australia.
- Promote and fund growth in the number of rural generalist roles across all health professions
- Consider pooled funding and **support the development of an integrated primary care system** which maximises federal and state funding streams across health, disability, housing, aged care and education sectors. Exemplars of this comprehensive primary care model exist in the Aboriginal community controlled health sector. The solutions will vary according to local community need – collaborative models need to be co-designed with communities and front line workers.
- Identify workforce gaps across service and policy silos (housing, disability, aged care, education and health) and increase flexibility in funding to enable collaborative workforce models for allied health. Including increasing the number of MBS funded occasions of service by allied health services, including dental and oral health services, to 10 per profession per year where a market based service model is suitable.
- Support **nursing and midwifery led models of care** in rural and remote areas with a focus on the role of nurse practitioners.
- Commit to **addressing the shortfall of medical specialist services** in outer regional, remote and very remote areas.

5. Enabling our workforce through infrastructure and support

We call on the Government to provide ongoing and increased support to our rural and remote workforce to improve recruitment, retention and community care. This will be done through:

- Supporting capital investment in non-metropolitan areas upgrading the **NBN** to enable the use of technology
- Support the use and access to **telehealth** through better connectivity and funding mechanisms such as changes to MBS
- It needs to be recognised that telehealth supports healthcare workers and does not replace the need for highly skilled workers in our rural communities

- Continue to support locally developed **guidelines** that acknowledge the needs of local population and resources available. The current ACSQHC Guidelines do not always meet the needs of rural areas.
- Provide and invest **safe workplace** which is free of violence and culturally safe.
- Invest in **wellness** programs for the rural workforce.
- Enable activities that encourage the development of **partnerships** between all service providers including public, private and not for profit organisations.

6. Research

We call on the Government to:

- Require research funding provided through the Medical Research Future Fund Missions, already covering areas such as cancer, genomics, to **include research within and upon rural and remote health commensurate with the burden of rural and remote disease and disability**. With MRFF Mission commitments of \$1.3 billion to date, and given 28% of the population lives in rural and remote Australia, on a purely population basis this would amount to an existing commitment of \$364 million - without taking into account the higher disease burden.
 - **Measure** rural research and projects by **their community impact and their capacity to embed, respond and translate to their locations** and not just by metrics such as number of academic papers.
 - Invest in a **clearing house function of rural health research** creating the capacity to share information and support researchers to design, scale and translate research with and for the benefit of rural and remote Australians.
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