



THE HEALTH OF COUNTRY AUSTRALIANS DEPENDS ON THE 2019 FEDERAL ELECTION.



Remote and rural Australians have up to three times the rate of chronic illness than people in cities.

Remote and rural Australians die on average two years earlier than city people.

Remote and rural Australians see doctors at only half the rate of people in the city. They see medical specialists at a third the rate. They see mental health professionals at a fifth the rate.

Across every measure, people who live in remote and rural Australia suffer worse health outcomes and have less access to health services than people in cities.

Chances are you've not heard these facts mentioned yet in the Federal Election campaign.

These facts need to be heard. Major parties need to respond to ensure all Australians, no matter where they live, can have universal access to quality healthcare to live long and healthy lives.

The Royal Flying Doctor Service has been delivering health care to remote and rural Australians for more than ninety years. For thousands of remote and rural residents, Australia's most reputable charity is their doctor, their nurse, their dentist, and mental health carer. Twenty four hours a day, every day of the year, the RFDS is on standby for whatever the emergency.

Last year, the RFDS cared for 335,000 people. It delivered 40,000 aeromedical retrievals, 75,311 road transports, 16,000 primary health, dental, and mental health clinics in remote locations, and more than 88,000 telehealth consultations. Yet even this was not enough to meet the needs of remote and rural Australians. In the years ahead, these needs will grow.

Despite the effort of many, over many decades, there is still insufficient resourcing of health services in country Australia. The 2019 Federal Election needs to deliver a major boost in rural health funding across the entire rural health sector.

For the Australians in communities served by the RFDS, the major parties in the lead up to the Federal election should commit to:



1.

Increasing the number of allied health professionals in remote and rural Australia by 500 over the next three years.



2.

Implementing all recommendations of the 2018 Senate Inquiry into accessibility and quality of mental health services in rural and remote Australia.



3.

Committing \$100 million to translate clinical research into rural health practice



4.

A permanent drought and flood health and wellbeing response plan



5.

Improved distribution of health workforce for better access to health care in remote and rural area



1. Increasing the number of allied health professionals in remote and rural Australia by 500 over the next three years

- > Remote Australia has around one fifth the number of registered allied health professionals than city areas (64 allied health workers per 100 000 population compared to 354 per 100 000 in major cities).
- > By 2028, remote Australia will have only a twelfth of the number of physiotherapists than city areas (23 compared to 276 per 100,000 population); half the number of pharmacists (52 as compared to 113 per 100,000 population); and a third the number of psychologists (34 as compared to 104 per 100,000 population).
- > This gap in service access must be rectified to address the growing rates of chronic disease, which will increase by 15% over the next decade.

Action for the next Australian Government

500 additional allied health workers should be funded to work in remote and rural Australia. Resources should be made available to rural Primary Health Networks, to Aboriginal and Torres Strait Island Community Controlled Health Organisations, and the RFDS to deliver expanded allied health services across remote and rural Australia.

The National Rural Health Alliance supports this recommendation.





2. Implementing all recommendations of the 2018 Senate Inquiry into accessibility and quality of mental health services in rural and remote Australia

- > The suicide rate of remote Australia is near to two and a half times that of city areas.
- > There are not enough mental health services in rural and remote areas, with remote Australians seeing mental health professionals at one fifth the rate of people in cities.
- > RFDS research published in January 2018 showed in 2016 there were 201 of 564 Local Government Areas (LGAs) where there were no registered psychologists, with almost all of these LGAs in remote and rural areas. These findings contributed to the Senate establishing an Inquiry into accessibility and quality of mental health services in rural and remote Australia.
- > The Inquiry made eighteen recommendations, supported unanimously by its Government, Opposition, and Greens Party member Senators. With this support, there is no barrier to the next Government immediately moving to implement the Inquiry's recommendations.

Action for the next Australian Government

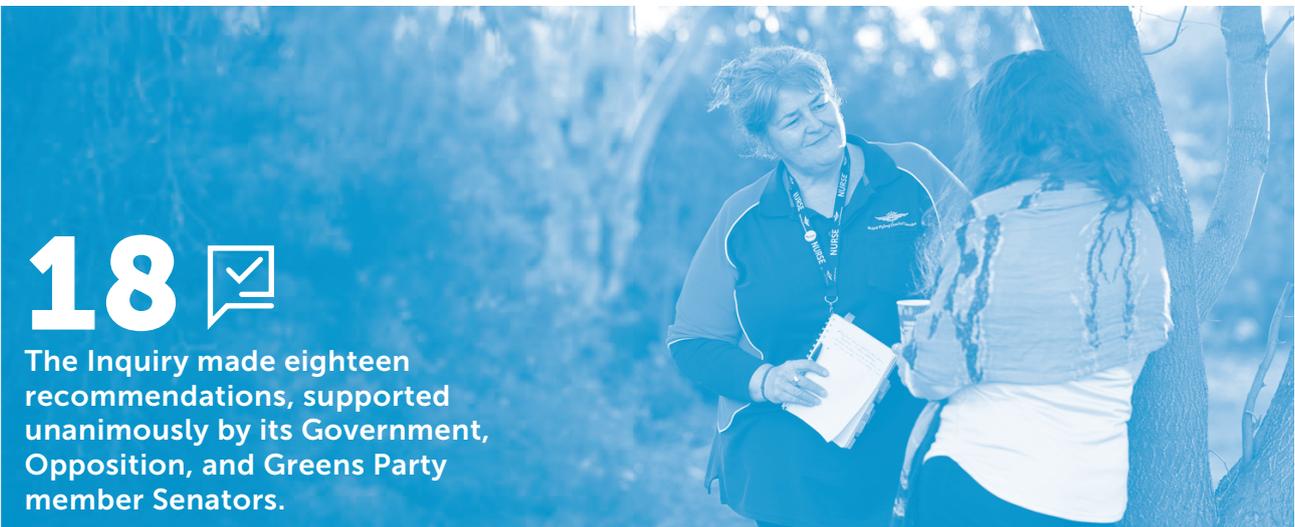
The eighteen recommendations of the Senate Inquiry should be implemented within the first twelve months of the next Parliament.

Mental Health Australia supports this recommendation.

**Mental Health
Australia**

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3. Committing \$100 million to translate clinical research into rural health practice

- > Teaching and research funding for health care is concentrated in our capital cities. Cities house major medical research institutes, teaching hospitals, and universities. As a consequence, the dissemination of research knowledge and innovations in clinical practice into remote and rural health practice occurs at lesser or slower rates than in cities, despite remote and rural populations having poorer health outcomes than their metropolitan counterparts.
- > The implementation of new research findings into clinical practice in remote and rural areas requires specific consideration given the uniqueness of these service delivery environments, including small populations across large geographical areas, transient populations, technological limitations and limited numbers of health professionals.

Action for the next Australian Government

A Centre for Rural Health Research Translation should be established within the first twelve months of the next Parliament to implement new research findings into remote and rural health practice. The Medical Research Future Fund should direct funding to the establishment of this Centre, and to the translation of clinical research findings into health service delivery to benefit remote and rural Australians, with a specific focus on remote Aboriginal and Torres Strait Islander peoples.

The Regional Australia Institute supports this recommendation.



**12
MONTHS**

A Centre for Rural Health Research Translation should be established within the first twelve months of the next Parliament



4. A permanent drought and flood health and wellbeing response plan

- > Drought and flood is a reoccurring feature of the Australian climate. While the prevalence of mental disorders in remote and rural Australia is similar to that of major cities, rates of suicide and self-harm are higher, and increase with remoteness. Residents in very remote areas are nearly two and a half times as likely as those in major cities to die from suicide.
- > Farmers and young men in remote areas are two of the groups at greatest risk of completing suicide. Drought and flooding adversely impacts farming communities in particular. The many year drought and recent Queensland floods have demonstrated these risks.

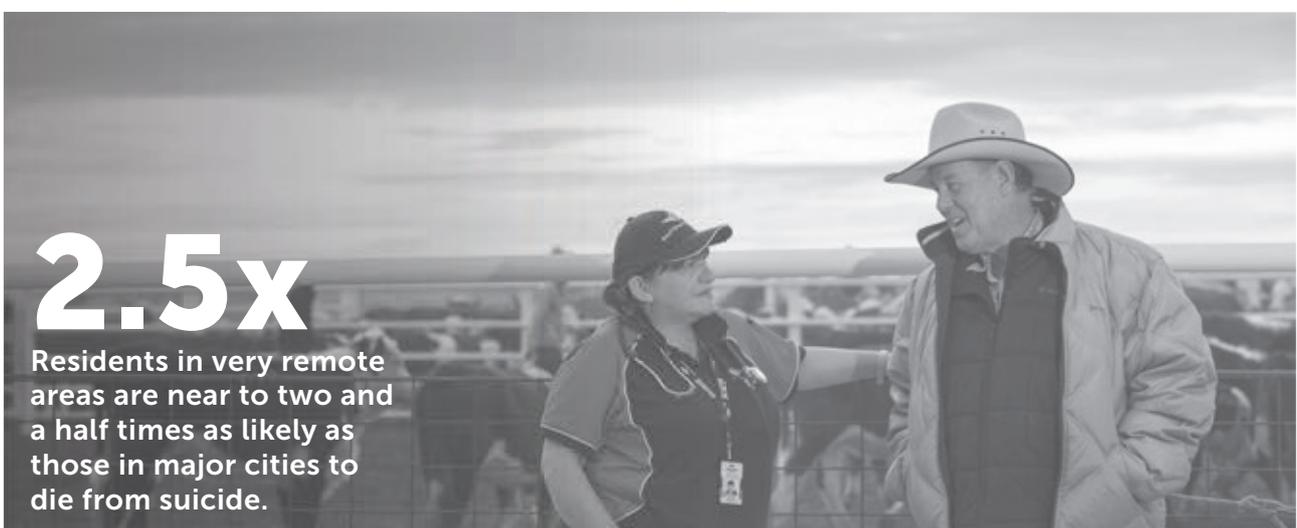
Action for the next Australian Government

The Commonwealth Drought Taskforce is at present contemplating measures to ready Australia for future droughts. A priority for both current and future drought preparedness is to target health and mental health services to areas of drought and flood intensity as needed. A permanent health and wellbeing drought and flood response plan should be developed and implemented as part of comprehensive drought and climate policy response for remote and rural Australia.

In non-drought periods, such a plan's focus should be on prevention, wellness and building resilience throughout remote and rural communities, and particularly within high-risk groups.

In drought and flood periods, its focus should be on increased service access and crisis responsiveness to declared regions. The plan should be developed and overseen by senior clinicians, and requires coordination through the Council of Australian Governments. The plan should be operative within the first twelve months of the next Parliament.

The National Farmers Federation supports this recommendation.





5. Improved distribution of health workforce for better access to health care in remote and rural areas

- > Distribution of the health workforce between metropolitan and remote and rural areas remains a stubborn challenge, despite decades of effort by many.
- > RFDS research finds by 2028, remote Australia will have only a fifth the number of General Practitioners compared to metropolitan areas (43 compared to 255 per 100,000 population); a twelfth of the number of physiotherapists (23 compared to 276 per 100,000 population); half the number of pharmacists (52 as compared to 113 per 100,000 population); and a third the number of psychologists (34 as compared to 104 per 100,000 population).
- > Aboriginal and Torres Strait Islander people, including those in remote and rural areas, continue to experience particularly poor health outcomes. Targeted efforts to increase Aboriginal and Torres Strait health workforce and distribution in remote and rural areas is required to contribute to better health outcomes for First Australians.

Action for the next Australian Government

The mandate of the Rural Health Commissioner should be extended to tackle maldistribution of the health workforce, including the Indigenous health workforce, throughout rural and remote Australia.

In the first twelve months of the next Parliament a comprehensive map of current medical, primary healthcare, allied health, dental and specialist services in rural and remote areas should be published. A stocktake of services should seek to determine “reasonable access” to any given service, with consideration given to travel times, waiting lists, demographic factors and other barriers to service access. Publication of a “reasonable access” service map should inform future efforts to fill remote and rural service gaps.

The Australian Indigenous Doctors Association supports this recommendation.

