NATIONAL RURAL HEALTH ALLIANCE LTD

National Rural Health Alliance Election Charter

APRIL 2019

Rural health matters!

All Australians should be able to achieve the best health outcomes regardless of where they live. This is not the case for the seven million people who live in rural and remote areas. Our people die younger, have poorer health outcomes and face many disadvantages in accessing health and health promotion services.

The National Rural Health Alliance (NRHA) brings together 37 member organisations (listed at the end of this charter) dedicated to improving health equity for country people.

This election, we are asking candidates, political parties and voters to ask themselves if it is fair that some Australians, by virtue of where they live, have less access to healthcare when they need it. And what will they do about it?

Our broad priorities for improving rural, regional and remote Australia's health outcomes are:

1. Improve Indigenous health
2. Improve access to healthcare, especially by funding more allied health professionals into rural Australia
3. Expand research into the health needs of rural Australia
4. Create a new National Rural Health Strategy

The rural health sector needs more funds and greater focus. Pledge your vote to the candidate and/or political party that commits to deliver on the specific details outlined in this document.

1 Improve Indigenous health

The current health outcomes for Aboriginal and Torres Strait Islander people are unacceptable. (65% of Indigenous people live in rural Australia.)

We seek a commitment from an incoming government to

1. Endorse the Uluru Statement from the Heart and the Makarrata, ie establish a First Nations Voice in the Australian Constitution and establish a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history.

2. Fund an additional 3000 Aboriginal and Torres Strait Islander Health Workers and Practitioners. ($180m over 4 years; $180m per year ongoing)

3. Increase base funding of Aboriginal Community Controlled Health Organisations.

4. Eliminate Rheumatic Heart Disease. Get serious about meeting targets set under the END RHD program. ($170m over 4 years.)

Rationale

1. More than 1,100 delegates from around Australia voted at the 15th National Rural Health Conference in March to seek government endorsement for the Uluru Statement from the Heart as a key priority. Poorer health outcomes in non-metropolitan Australia reflect the widening gap that Aboriginal and Torres Strait Islander people experience in their health care compared with non-Indigenous people. It is only when we listen to Aboriginal and Torres Strait Islander voices that we will be able to deliver health solutions that will succeed.

2. Aboriginal and Torres Strait Islander Health Workers and Practitioners are critical to achieving better health outcomes for Aboriginal and Torres Strait Islander people through culturally safe preventative health and treatment services. Aboriginal and Torres Strait Islander people have three-fold higher levels of preventable hospital admissions and deaths than other Australians and the burden of disease for the Aboriginal and Torres Strait Islander population is 2.3 times higher. A significant driver behind these numbers is that Aboriginal and Torres Strait Islander people can often feel unsafe in accessing the health care they need. 2016 data from the National Aboriginal and Torres Strait Islander Health Worker Association shows the number of Indigenous workers in health professions was 1347. A ratio of one for every 150 Indigenous people would require 4328 practitioners – this would mean putting 3000 more Aboriginal and Torres Strait Islander Health Workers and Practitioners on the ground.

3. Increasing the baseline funding for Aboriginal Community Controlled Health Organisations will remove funding insecurity that threatens their programs and services.

4. Young Indigenous Australians are 55 times more likely to die of rheumatic heart disease than their non-Indigenous peers, yet it is preventable. Priorities have been established under the END RHD program - these need to be implemented immediately.

2 Improve access to healthcare for remote, rural & regional areas

Commit the resources necessary to ensure that people in rural areas have the same level of access to healthcare as those living elsewhere.

We seek a commitment from an incoming government to:

1. Fund an additional 3000 allied health positions ($300m over 4 years)

2. Fund 20 rural and remote demonstration sites across the nation, comprising clusters of rural communities, where a workforce is matched with the health needs of each, then evaluate these for improvements in service access and health outcomes over a sustained period. These demonstration sites then inform the development of service models best suited to meeting the needs of local communities. ($50m over 4 years)

3. Establish a community grants program to ensure people in rural and remote areas have reliable, continuous access to digital infrastructure and technologies capable of supporting telehealth, tele-medicine, tele-rehabilitation and tele-monitoring. ($400m over 4 years)

4. Provide Medicare rebates to GPs and other health professionals for telehealth consults to outer regional, remote and very remote areas. ($420m over 4 years & $180m/year thereafter)

Rationale

1. Achieving equivalent levels of access to healthcare as occurs in metropolitan areas, means expanding the allied health workforce in rural, regional and remote areas and supporting its capacity to provide services into outer regional, remote and very remote in particular. The current government's $550m Stronger Rural Health Strategy in the 2018 Federal Budget committed funding for 3000 additional doctors and 3000 additional nurses over 10 years. Complete health care also requires other health care professionals such as physiotherapists, psychologists, audiologists, optometrists, osteopaths, podiatrists, speech pathologists and social workers. Funds are urgently needed to incentivise these professions to work in rural, regional and remote areas where they are in undersupply in the same way as GPs are incentivised to practise in these areas.

2. Improve access to healthcare through the development and adoption of workforce service models that are fit for purpose in rural and remote areas and that deliver timely, appropriate and affordable health care to local communities. We need to explore the best, most effective ways to set up and sustain health workforces in rural and remote areas and one size does not fit all places. These demonstration sites would identify the sorts of service models that work well.

3. A 2016 study* identified that of 400 Indigenous communities in the Northern Territory, 80% did not have access to a 3G or 4G mobile phone signal. The $160m mobile black spot program funding boost in the 2019 Federal Budget is less than half the $380m initially allocated and yet there is so much more to do. Hybrid technological solutions will be required where mobile towers don't provide high bandwidth. An additional $400m will target communities that are particularly difficult to connect to the network but for which the return on investment in terms of improved health outcomes is substantial. A Rural Telecommunications for Health Fund should be established to distribute these funds via grants sought by consumers and communities.

4. The nation's worst health outcomes are in remote and very remote areas where communities often have no access to GPs, nursing or allied health professionals. However with advances in web connectivity, the 500,000 people living in remote and very remote areas where the web is connected and works well, could consult allied health professionals online. Making Medicare rebates available for allied health professionals and doctors providing online consults to these and outer regional areas would offer another way to ensure people who live there have access to a more complete range of health services.

***** The Northern Territory Homelands and Outstations Assets and Access Review (CAT, 2016) www.icat.org.au surveyed 401 Indigenous Homelands and Outstations in the NT (population 10,000).

3 Expand research into the health needs of rural Australia

Health care and health promotion services in rural Australia face distinctive geographic and cultural challenges that can be overcome with dedicated research.

We seek a commitment from an incoming government to:

Create a new and specifically funded rural health focus in the Medical Research Future Fund, (a third Mission) specifically for Rural Health, and allocate 28 % of the fund to this ($360m).

Rationale

It is widely accepted that people in rural, regional and remote areas carry 1.3 times the burden of disease (ie cost, mortality and disability) of their metropolitan counterparts and that service models that meet their needs differ from those in metropolitan areas.

Reflecting the almost one-third of the national population that is rural, regional and remote and their higher disease burden, the Federal Government should require the Medical Research Future Fund to allocate almost one third of its research grants, by dollar value, to research activity that can demonstrate either general or specific relevance to the people in these areas. Currently researchers funded by the Federal Government have no requirement to include rural cohorts in their studies, nor to indicate whether their study cohorts reflect the nation's population or demographics. This will encourage researchers to involve rural population cohorts and support rurally based researchers.

This new Mission for Rural Health within the Medical Research Future Fund would create new evidence-based approaches to treating, preventing, diagnosing and managing disease in rural, regional and remote areas. It would enable researchers, health professionals and health service providers working in these areas to share this latest knowledge and would appropriately position Australia as a global leader in rural health.

4 Create a new National Rural Health Strategy

Australia's current rural health strategy is based on a framework developed in 2011 and needs to be evaluated against this framework's original objectives and updated to reflect changing workforce demands, connectivity and service delivery.

We seek a commitment from an incoming government to:

Create a new National Rural Health Strategy ($2m) that includes targets for improving access to health services, health promotion and for improving social determinants of health for rural people

Rationale

The National Strategic Framework for Rural and Remote Health was endorsed in 2011 by the Standing Council on Health (now the Council of Australian Governments Health Council). It recognised the challenges of providing health care in rural, regional and remote Australia and the importance to all Australians of providing timely access to quality and safe health care services, no matter where people live. It was to guide all organisations engaged in planning, funding and delivering health services in rural, regional and remote Australia – governments, communities, local health service providers, advocacy and community groups and members of the public.

Since 2011 there has been no demonstrable improvement in the health outcomes experienced by the 7 million people who live in rural, regional and remote Australia. Nor has the strategic framework been evaluated for its use or to assess whether it's meeting its objectives and what else is required to progress its intent. A new strategy would review this framework, its effectiveness, identify how widely it has been used and create a new blueprint for providing effective healthcare and encouraging healthier rural people into the third decade of the 21st century.

National Rural Health Alliance - Member Body Organisations
Australian Chiropractors Association (Aboriginal and Torres Strait Island Rural Remote Practitioner Network)
Australasian College for Emergency Medicine (Rural, Regional and Remote Committee)
Australasian College of Health Service Management
Australian College of Midwives (Rural and Remote Advisory Committee)
Australian College of Nursing - Rural Nursing and Midwifery Community of Interest
Australian College of Rural and Remote Medicine
Australian Healthcare and Hospitals Association
Allied Health Professions Australia Rural and Remote
Australian Indigenous Doctors' Association
Australian Nursing and Midwifery Federation (rural nursing and midwifery members)
Australian Physiotherapy Association (Rural Members Network)
Australian Paediatric Society
Australian Psychological Society (Rural and Remote Psychology Interest Group)
Australian Rural Health Education Network
Council of Ambulance Authorities (Rural and Remote Group)
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CRANAplus
Country Women's Association of Australia
Exercise and Sports Science Australia (Rural and Remote Interest Group)
Federation of Rural Australian Medical Educators
Isolated Children's Parents' Association
National Aboriginal Community Controlled Health Organisation
National Aboriginal and Torres Strait Islander Health Worker Association
National Rural Health Student Network
Paramedics Australasia (Rural and Remote Special Interest Group)
Rural Special Interest Group of Pharmaceutical Society of Australia
RACGP Rural: The Royal Australian College of General Practitioners
Rural Doctors Association of Australia
Rural Dentists' Network of the Australian Dental Association
Royal Australasian College of Surgeons
Royal Flying Doctor Service
Royal Far West
Rural Health Workforce Australia
Rural Optometry Group of Optometry Australia
Rural Pharmacists Australia
Services for Australian Rural and Remote Allied Health
Speech Pathology Australia (Rural and Remote Member Community)