The National Rural Health Alliance agreed at its annual Council meeting that a better future for rural and remote health is not only desirable but also entirely feasible.

Tim Kelly, newly-elected Chairperson, summed up the meeting: “Health is not yet better in the bush, but through building on the ingenuity that is out there, it certainly could be.”

Through its broad membership of 36 national organisations, the National Rural Health Alliance represents the health interests of the more than 6.7 million people who live in rural and remote Australia. Its members include rural consumer organisations such as the Country Women’s Association and the Isolated Children’s Parents’ Association; service providers such as the Royal Flying Doctor Service, the National Aboriginal Community Controlled Health Organisation (NACCHO) and Frontier Services; and professional bodies for a range of health practitioners, including doctors, nurses, allied health professionals, dentists, managers and students.

With this broad membership, the Alliance benefits from experts across all areas of health and wellbeing who are working towards one joint purpose: for health care outcomes in the bush to be as good as anywhere in Australia.

New Government’s opportunity

At CouncilFest 2013 the Alliance sought to prioritise its work for 2014, noting the opportunity for the new government to come to terms with the special strengths and challenges in rural and remote areas and for Aboriginal and Torres Strait Islander people.

The new government is reviewing a number of key initiatives where rural health services are concerned, including the Personally Controlled Electronic Health Record, Medicare Locals, mental health and Australia’s illness prevention and health promotion activity.

These provide opportunities for input from the public and health interest groups. The meeting of Council helped confirm agreed Alliance positions and these can help Ministers Dutton and Nash to improve on the good things already happening in health care in the bush.

eHealth a priority for rural people

There was extensive discussion of eHealth, the PCEHR and the growing support and uptake of telehealth for specialist appointments - all of great importance for people in rural and remote areas as they frequently have to travel long distances for their healthcare. Internet connectivity is still a barrier to those in most need, including in rural and remote areas. Incentives for encouraging uptake and effective use of the PCEHR should target the groups most likely to benefit - including people who live in rural and remote areas.

The identification and support of local coordinators to ensure that patients and health professionals make the best use of specialist visits or telehealth consultations is always a good idea.
Health workers for the bush

The Alliance supports the new Government’s commitment to a new definition of rurality to help strengthen frontline primary care outside the cities and manage chronic conditions.

Some potentially effective models of health care are not possible due to shortages of health professionals. As a result, health professionals in rural and remote areas - very often experts in their field as well as in their local area - may well be hampered by an ineffective local health service or business model.

Council agreed recommendations on ways in which health workforce shortages can be reduced through local 'grow your own' initiatives and through support for the retention of health professionals in rural and remote areas.

Concern was expressed about the heavy reliance in more remote areas on health staff who fly in to a community but are unwilling or not required to coordinate their efforts with health workers already in the region. A transient health workforce makes for major challenges.

Professional relationships focused on the needs of patients

Local people are best placed to understand the dynamics of the determinants of health, such as infant and child services, education, work and local transport issues. The Alliance will continue its focus on the social determinants of health, chief among which is pre-school, school and tertiary education.

What is required for effective care are good relationships between patients and their local clinicians, supported by visiting clinicians, telehealth and other forms of outreach services, and a strong focus through the system and from all of those in it on the needs of the patient.

Better use of health care

The Alliance continues to be alarmed at the higher cost of accessing health services in rural and remote areas, and of the high - but possibly hidden - economic and social costs incurred when people either do not (perhaps due to costs) or cannot (because of distance or the absence of a service) access a service they need.

Council of the Alliance noted with interest the valuable Healthy Communities reports on access to services that show rural Medicare Local catchments are very often associated with poorer health and fewer GP attendances per person. But there are also welcome signs of success, perhaps none more valuable in a health sense than reductions in the proportion of Aboriginal people who are smokers.

CouncilFest 2013 included valuable meetings with the Cooperative Research Centres (CRC) Association and a number of health research institutes to consider opportunities for providing input into designing and undertaking research that will be particularly useful for rural and remote health.

Long term commitment to better health outcomes

Aboriginal and Torres Strait Islander health was identified as an ongoing and important issue. There was a call to arms for the member bodies of the Alliance to consider their individual positions on Aboriginal and Torres Strait Islander health work and what action they might usefully undertake in this space. This may include support and development of the health workforce of and for Aboriginal and Torres Strait Islander people, and their development and adoption of Reconciliation Action Plans.

Council questioned the wisdom of failing to consider the impact of climate change on health, and noted that further investment in renewable energy has the capacity to provide new industries and jobs in rural and remote communities.

The potential impact of certain local authorities taking fluoride out of reticulated water supplies on oral health was noted as an area for further information and action. Aged care and services for people living with a disability in a rural or remote area were also on the four-day agenda.

At the 22nd AGM, a new Board and Executive was elected, to be led by Tim Kelly, a GP from South Australia.

For further information and link to rural health Fact sheets, go to [www.ruralhealth.org.au](http://www.ruralhealth.org.au) or contact [nrha@ruralhealth.org.au](mailto:nrha@ruralhealth.org.au)

Note: More detailed statements on policy priorities will be published in the New Year.