NATIONAL RURAL HEALTH ALLIANCE INC.

COUNCILFEST

EIGHT PRIORITIES

… for rural health (2012)

1. Preventing chronic disease: smoking as a sentinel issue

Improvements in health status and life expectancy for rural people are not keeping up with those in Australia's major cities.

Health status is determined by many things, including lifestyle, access to health care, and health promotion and illness prevention strategies.

Health promotion activity has not been working as well in rural and remote areas and health risk factors remain worse, on top of poorer access to health services.

Rates of smoking provide an important and well-evidenced example. The COAG Reform Council reports that, in 2008-09, whereas 17.6 per cent of people in the Major cities were smokers, the figures were 27 per cent for Outer Regional areas and up to 35 per cent for Remote and Very remote areas.

Unless the smoking rate in rural areas is reduced, Australia will **not** meet its national target to reduce to 10 per cent smokers by 2018.

Urban-centric strategies often don't work well in rural and remote areas. The Australian National Preventive Health Agency (ANPHA) should devote a significant proportion of its resources to the particular challenges of preventing rural and remote chronic conditions – commensurate with the extent of health need.

2. Oral health

Although their start dates are not until 2014, the package of oral health measures announced in this year's federal Budget and in August is very welcome. Having fully funded on-budget programs targeting children and low income adults will place oral health services on a firmer footing than has been provided to date.

However no real progress will be made in improving oral health for people in rural and remote areas unless there are adequate numbers of dentists, therapists and hygienists in those areas.

There are also some concerns about operationalising the new children's and low-income adults' programs. For one thing, successful implementation will need to involve more collaboration between public dental services and private practitioners.

There is also uncertainty about how the new system can cater properly for the dental care needs of elderly people who make up a growing proportion of the population in rural areas, including those in residential aged care facilities.

The States and Territories must be encouraged by every means to meet the quite evident public demand for improved oral health services by maintaining their own financial effort.

3. Broadband

High speed broadband is essential infrastructure for households, businesses, services and health. By whatever means, people in all parts of Australia should have access to high speed broadband at the same affordable price.

People who live in rural and remote communities want to be informed about the schedule for the provision of fast broadband services, including through interim satellite service, and want to be assured about the full price they will pay.

People most in need of broadband, including those who are isolated, on low incomes, or with disabilities, should have special assistance to enable their access as soon as possible.

4. Medicare Locals and Healthy Communities Reports

The National Health Performance Authority is to produce *Healthy Communities Reports* for each of the 61 Medicare Locals - 26 of which have at least a substantial proportion of rural people.

These reports will provide valuable evidence of health outcomes within and among Medicare Locals. The Senate Committee's recommendations highlight the importance of these reports being produced in collaboration with each Medicare Local, and being made public.

Focusing on these reports will also highlight the importance of data on health services and health outcomes – and show up the existence of gaps in the evidence needed to ensure improvements in health are being effected.

5. Workforce

Because of the shortage in rural and remote areas of both health positions and staff to fill them, some of the multidisciplinary health service models that might work well in more remote areas are not possible. Health services sometimes have to employ short-term contract staff at pay rates that seem excessive and are detrimental to the morale and tenure of permanent health professionals in the area. What is required is a local multidisciplinary team of health professionals who are flexible and able to work effectively.

Key members of these teams are nurses, midwives and allied health professionals. To increase the number of these professionals in rural and remote areas, the Alliance strongly supports the recommendation from the recently-published Senate Report that HECS reimbursement should be available to allied health and nursing graduates on the same terms as it is currently available for medical graduates.

This would be a good example of the greater equivalence the Alliance seeks across the board where incentives for recruitment, retention, placements and training of rural health professionals are concerned and impact on the whole workforce required to provide care.

6. Mental health

There has been additional investment in mental health services, including through EPPIC and Headspace.

The effectiveness of these programs is limited in rural and remote areas by their 'central place' nature and by the shortage or absence of GPs and the income stream they generate.

The challenges of providing mental health services in rural and remote areas illustrate the need for a quite different approach to the delivery of primary care, including for children.

One way forward would be a trial of supported primary mental health care teams in areas that have poor access to GPs and are at a distance from regional centres in which much of the new money is currently being spent. Such teams would include mental health nurses and psychologists. It would also be important to upskill other health staff to give them greater capacity to deal with mental health issues.

7. Aged care

The package of aged care measures under the banner *Living Longer, Living Better* is designed to improve the system for consumers. The new agencies involved (the Aged Care Reform Implementation Council, the Aged Care Financing Authority and the single Gateway to services) are no doubt going to be important.

However these new administrative arrangements do not ease the day-to-day challenges facing the aged care sector in rural and remote areas. These challenges are mainly related to staffing matters and financial security for residential aged care facilities and community care; and serious shortages of resources and staff for aged care in the home. The rural aged care sector is seriously short of infrastructure and in some regions has to compete for staff and other resources with the mining sector.

It is to be hoped that the Aged Care Financing Authority will give particular consideration to the financial sustainability of residential aged care facilities and community care in rural and remote areas.

8. Quad bike safety

The Alliance strongly supports the *Mt Isa Statement on Quad Bike Safety* dated 3 August 2012. It calls for the Federal Government to mandate an Australian crush protection device design standard for roll over protection on all quad bikes, and for manufacturers to comply with safety design specifications.

Quad bikes are now the largest single cause of fatalities on Australian farms; 160 people have died in quad bike accidents since 2001.