28 May 2020

Senator Katy Gallagher
Chair
Senate Select Committee on COVID-19
Parliament House
CANBERRA ACT 2600

Dear Chair

As the peak body for rural health in Australia, the National Rural Health Alliance welcomes the opportunity to make a submission to the inquiry into the Australian Government’s response to the COVID-19 pandemic. In this submission we outline some of the key issues that have been raised with us during the period of the pandemic, and are happy to appear before the Committee to discuss in further detail.

**Personal protective equipment (PPE):** Concerns about shortages of PPE across the country, but particularly in rural, regional and remote areas, have been well-documented. While many of these issues were addressed fairly early on, concerns remained for some time about a lack of PPE being made available in many areas outside the major cities, including in Aboriginal and Torres Strait Islander communities. A stable supply of PPE is necessary across the entire country to ensure that rural, regional and remote areas are well-equipped to respond to future pandemics without putting health care workers at risk. Even as of late May, there are still some groups of health care workers, particularly among the allied health professions, reporting inadequate access to PPE.

**Telehealth:** The Alliance welcomes the rapid expansion of Medicare Benefits Schedule items for telehealth consultations. While access has now been expanded, there were initially gaps in the items that were available, such as for allied health professionals. We advocate for the continuing availability of telehealth items after the pandemic is over, albeit with safeguards in place to ensure that big health providers from metropolitan areas do not monopolise patients in rural, regional and remote areas at the expense of local providers. We also want to ensure that patients and clinicians in these areas have access to training and support to use telehealth services, as well as an affordable and high-quality broadband connection.

**Unemployment and poverty:** Like all Australians, the Alliance is concerned about dramatic rises in unemployment brought on by COVID-19, while acknowledging that much of this is unavoidable. The Australian Government, in conjunction with states and territories, must move quickly to bring as many people back to the workforce as possible in rural, regional and remote areas, which already often have higher unemployment rates. We welcome the rise in the JobSeeker allowance but am concerned about the impact on JobSeeker recipients if this amount is cut back, as the Australian Government has foreshadowed. The Alliance’s position remains that the pre-COVID rate of JobSeeker was too low and we call for a permanent increase going forward. Overcrowded housing remains an issue including in remote Indigenous communities, particularly when strict social distancing is required to stop the spread of a pandemic like COVID-19. We call for greater
investment in housing for vulnerable communities and in particular remote Indigenous communities.

Food security: Rural, regional and remote communities already often have higher rates of food insecurity than the rest of Australia. The factors that impact on food insecurity are poverty, unemployment, low educational levels, social isolation and food literacy. Disruption of traditional supply chains – especially in areas affected by this year’s bushfires – have made affordable and nourishing food even more inaccessible in many parts of Australia. In some areas such as Walgett, NSW, the situation is quite dire where we saw empty shelves in the town’s only supermarket. In other areas, restrictions on purchasing of goods came at a great disadvantage to people who live very remotely and have to travel hours to a supermarket in order to buy in bulk.

Communication: While acknowledging these are unprecedented times, the Alliance heard from members and stakeholders who found communication from the Australian Government and/or state and territory governments confusing or inconsistent. Health professionals were often left in the dark about what services they were able to provide or how they should respond to particular issues. There was also some concerns raised about public messaging, for example with the COVIDSafe app or various restrictions on public gatherings in states and territories. Health literacy is sometimes lower in rural, regional and remote communities and we ask that this be taken into account in future pandemic planning.

Yours sincerely

Gabrielle O’Kane
Chief Executive Officer