NATIONAL RURAL HEALTH ALLIANCE LTD

25 YRS THE VOICE OF RURAL HEALTH

August 9, 2018

MEDIA RELEASE

...good health and wellbeing in rural and remote Australia.

NATIONAL RURAL HEALTH ALLIANCE TURNS 25

Australia's peak body for rural and remote health celebrates its 25th birthday tomorrow.

For quarter of a century the National Rural Health Alliance has championed better health outcomes for country people, and has spearheaded fundamental reform in the sector.

"It's managed to unify the voices of the rural and remote health sector," said Tanya Lehmann Alliance Chair.

"The Alliance has also been pivotal in identifying the priorities – like getting more health workers into rural and remote areas, making sure they have the best mix of skills, and building the evidence base for the right health services in the right areas," she said.

The Alliance was born from a discussion at the first National Rural Health Conference held in Toowoomba, southern Queensland, in 1991. A small group of health professionals were instrumental in setting up the Conference, and then the Alliance.

They were led by Bruce Chater from Theodore, Qld; David Rosenthal from Renmark, SA; and from Walgett in NSW, Bruce Harris.

The three were encouraged to take action by a Labor Health Minister Brian Howe who encouraged them to organise the voices of rural health to speak as one.

After a number of meetings, the Alliance was incorporated on August 11, 1993 and celebrates its 25th birthday tomorrow.

"It's the perfect opportunity to reflect on the successes we've achieved in rural and remote health," said Alliance CEO Mark Diamond.

Mr Diamond emphasised the Alliance's support for developing a sound evidence base to guide rural health policy. The Alliance established a Rural Health Training Unit, the precursor to the current network of 15 University Departments of Rural Health located across Australia.

He also noted the Alliance's leadership in promoting the establishment of rural health clinical schools training the next generation of health professionals working in rural and remote areas.

The Alliance quickly established the Australian Journal of Rural Health to gather and promote the latest in rural and remote health research.

The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health.

So much of the achievements and successes attributable to the Alliance are a result of the unswerving and longstanding (23 years) commitment of its first Chief Executive Officer Gordon Gregory.

“Gordon has been an absolute exemplar. There has never been a stronger and more persistent advocate for rural health. Gordon’s efforts have raised the bar, and his legacy will live on and continue to provide the foundation for improving health outcomes for country people,” Ms Lehmann said.

The National Rural Health Alliance represents 35 national rural health groups including the Royal Flying Doctor Service, Country Women’s Association of Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO).

It runs the biennial National Rural Health Conference and the Rural and Remote Health Scientific Symposium, bringing the sector together each year to network and collaborate on evidence-based policy and service delivery solutions.

“The Alliance has been instrumental in tackling the persistent challenges in rural and remote health. A key issue is access to health services, and we’ve advised successive governments on the best ways to get more health workers into country areas,” Mr Diamond said.

Mr Diamond also drew attention to the Alliance’s efforts to establish a system of scholarships to encourage students to train, and work, in rural and remote areas.

“Without this financial encouragement it would be much more difficult to attract students to complete what are expensive studies in the health professions.”

“The Alliance is particularly proud of the scholarships it’s offered to rural students to study medicine, but also nursing and allied health. It’s important that country people can access a full team of health professionals,” Mr Diamond said.

Chair of the Alliance Tanya Lehmann said that despite the many gains, there is still much work to do.

Health outcomes tend to worsen the further from a city you live.

“One of the most important issues for people living in rural and remote Australia is access to health services. The inequity in access that country people experience is a major determinant of their health outcome. We need to address that,” Ms Lehmann said.

The Alliance is developing a method of defining service access standards to guide the provision of health care to rural communities.

“This is groundbreaking work – it will assist local communities, state and commonwealth governments to plan for the delivery of health services in country areas,” Ms Lehmann said.

An important area of focus for the Alliance is the disparity in health outcomes experienced by Aboriginal and Torres Strait Islander peoples.

“Over 65% of Australia’s Indigenous population live in rural, regional and remote Australia. Our responsibility to improve health outcomes for Aboriginal and Torres Strait Islander people is a clear and absolute priority,” Mark Diamond said.

Some of the worst health outcomes are experienced by those living in very remote areas. Those people are:

- 1.4 more likely to die than those in major cities
- More likely to be a daily smoker, obese and drink at risky levels
- Up to four times as likely to be hospitalised due to diabetes complications
- 1.7 times more likely to commit suicide

“The Alliance will always have an important role while country people do not have the same opportunity to be as healthy as other Australians,” said Ms Lehmann.

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