Governments need to give greater attention to the social determinants of health, to the needs of at-risk populations, and to health promotion. Australia should be building an integrated multidisciplinary health care system that provides services as close to people’s home as possible. Rural and remote aspects of the national system can be brought together in a National Rural and Remote Health Plan.

Rural Australia

Rural and remote Australia offers an extremely rewarding professional and personal lifestyle and environment – and many people prove it by living and working very happily there. Rural and remote practice offers health professionals a broader range of experience than urban practice and research shows that rural practitioners are every bit as satisfied with their practice as their urban counterparts. But there are plenty of challenges.

Around 70 per cent of Australia’s Aboriginal and Torres Strait Islander people live outside the major cities. Their health and wellbeing is a critical part of the fabric of rural and remote Australia, and currently it is tragically deficient.

Rural and remote areas have generally older populations, higher levels of health risks, higher rates of chronic disease, the pressures of managing with water, climate and export market variability and other problems affecting the social, economic and environmental sustainability of their communities. Despite greater levels of need, rural people have less access to health services, with substantial shortages of nearly all health professions and of health-related infrastructure. There is also a tendency for health and other policies and programs to be predominantly city-centric.

Health reforms are crucial to minimise the effects of divided responsibilities and the disparate funding systems and to provide for more integrated services that meet service needs as close as practicable to where people live.

The challenge

The challenge for rural health is broad and the National Rural Health Alliance continues to call on Government to:

- give greater attention to regional and community development and the related socio-economic determinants of health and wellbeing

Building strong sustainable communities in rural and remote Australia is crucial to the ongoing health and wellbeing of the people in them, and is good for the nation as a whole. There is much that needs to be done to provide rural and remote Australians with greater equity in access to secondary and tertiary education, to high-speed telecommunications at the same affordable price as in the cities, to good quality and reliable water and to transport, community and health infrastructure.

Rural and remote Australia has many opportunities to contribute to and benefit from adaptation to climate change and the mitigation of its effects on the environment and human health. Taking up these opportunities will bring substantial economic, social and environmental rewards to rural and remote communities and to the nation as a whole.

Giving more attention to regional and community development would provide some country areas with greater certainty and encourage them in the adaptation and productivity improvement necessary for their future. There is also an important place for adjustment assistance where communities have been disadvantaged by government decisions that affect the local economic base (industry, tourism, service sector etc).
• implement health reforms for a high-performing national coordinated health care system

Australians want a health care system that promotes good health, provides early intervention, gives them ready access to services at affordable cost, provides a smooth patient pathway across primary, secondary, acute, aged, disability and community care and, as far as practicable, keeps people out of hospital.

While current COAG Agreements on health care may clarify some aspects of health system responsibilities, the challenge will be to ensure that governments work together to produce the best possible health outcomes for people. This is most likely to be achieved under a fully unified system with strong regional health authorities. In the interim, Medicare Locals (the new regional primary health care organisations) and Local Hospital Networks must work together on community engagement, planning and service development to reduce fragmentation and deliver better coordinated health care services.

• place greater emphasis on the needs of particular populations

Reliance on market forces has not delivered anything like reasonable equity in the distribution and affordability of access for many health services. All government policies and programs should be tested to ensure that, in their development and implementation, they improve equity in access for those most in need - including in rural and remote Australia.

The overriding health care needs for rural and remote Australia are greater investment in health-related infrastructure, in the health workforce and in a range of determinants of health outcomes. Flexible funding to regional Medicare Locals and Local Hospital Networks will help them to meet local priorities.

• increase investment in health promotion and risk prevention

The Alliance supports a stronger emphasis on health promotion and early intervention in rural and remote Australia where health risk factors are higher. Preventive measures such as those to reduce smoking, risky alcohol consumption, obesity and other health risks should be tailored specifically to reach those communities and groups which have the greatest need. These measures should include building local community capacity to sustain healthy environments in which these major risks to health are minimised at the community level.

• ensure there are services as close to home as possible

Access to many services, including maternity services and end of life care, should be provided as close to people’s homes and communities as possible.

The package of measures required to achieve this goal includes further investment in infrastructure and services for rural hospitals, and a greater number of Multi-Purpose Services with some expansion of their scopes of practice. Also needed is an increase in the number of Visiting Specialist Schemes and specialist outreach programs. All of these improvements will depend, in part, on building the rural primary care workforce, including GPs, dentists, nurse practitioners, nurses and allied health professionals.

• take national action on patients’ accommodation and travel

Some more acute and complex services will inevitably have to be provided only in tertiary hospitals and other specialist facilities in major cities. Because rural and remote Australians need to travel away from home for these services, it is reasonable for them to be assisted to meet the substantial costs of travel and accommodation and for there to be some national consistency in the level of support they can expect. National action on this matter, including provision for cross-border travel, is long overdue.

• focus more closely on oral health needs

In comparison with people in other OECD countries, both children and adults in Australia have very poor oral health. This is especially so in rural Australia, with a 2005 AIHW study of the dental health workforce showing that rural and remote Australians have less than half the access to dental health services of their urban counterparts. Improved access to dental care for children and for adults and families on lower incomes should be a high priority for primary care reform and to reduce avoidable hospitalisation.

• maintain awareness of mental health needs

Mental illness affects an estimated 20 per cent of the population, with 14 per cent having mild or moderate conditions and 6 per cent having more substantial and complex care needs. However, under-diagnosis and lack of access to treatment is rife. While rural and remote Australians have at least an equal need for mental health care, their access to these services is substantially less than for those in major cities.

Improvements in mental health care must ensure that acute and community centre-based care models have strong outreach capacities to people in the 1500 towns in Australia with less than 5000 people. The general primary care system needs to be better developed to respond to unmet mental health needs and to reach those, especially males, who are seriously under-represented among those seeking treatment.

• develop a National Rural Health Plan

The Alliance has been urging the development of a national Rural Health Plan to operationalise the National Strategic Framework for Rural and Remote Health and to build on the success of Healthy Horizons. It should include specific targets, performance indicators and national accountability. A coherent national plan and framework for rural and remote health services is required as a matter of urgency. The piecemeal approach to rural health challenges – with divided government responsibilities – is not delivering adequate or fair levels of care to the 32 per cent of Australians who live in rural and remote communities.

The overall purpose of a National Plan would be to identify and work towards meeting key priorities in rural health care within given time periods, to report on progress towards these priorities and to provide accountability on the question of what outcomes national reform measures are delivering for people in rural and remote Australia.