

## Opening address

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JAMES FITZPATRICK: And now I'd like to invite two very significant figures in the health of Western Australia, and indeed, Australia, to speak. First is Jenny May—Dr Jenny May who is the Chair of the National Rural Health Alliance. She also represents the Australian Rural Doctors' Association as a member body of the Alliance. Jenny has been a rural general practitioner for over 20 years; largely in Tamworth, but also in other far flung places in WA and, indeed, around the world. I think Jenny is a great example of somebody who balances the clinical role with her advocacy roles and also, with a role as an educationalist, she teaches the medical students and the GPs and she's also doing some research; so really a great example of somebody who can bring that all together and stay sane.

And then we also have Mr Kim Snowball. Kim is the Director-General of the West Australian Health Department, and has had a long history in working hard for rural and remote Australia in terms of health and, in his previous incarnation as the CEO of the WA Country Health Service. In particular I was involved with Kim when he worked hard to ensure that there were adequate paediatric services up in the Kimberley and it was a difficult time. It was a couple of years ago when the financial crisis was really hitting and Kim did a lot of work for our team behind the scenes.

He's also worked very hard in his current role in trying to get all of the CEOs of the health regions to increase the number of Indigenous people that are employed in the health executives and, indeed, in the health services in general. So I'd like to thank both of these people for speaking with us now and also to acknowledge Helen Morton who is the Minister for Mental Health and Disability Services and who's taken the time on her Sunday to be with us. So thank you very much, Helen. Jenny.

DR JENNY MAY: Thank you. Well, it's my absolute pleasure to welcome you to the eleventh National Rural Health Conference and, as you know, the theme is rural and remote health, the heart of a healthy nation. Now, the program begins today with a focus on health in our region. This will remind us that in Australia we have much to be thankful for, and we need to pick up the challenge to support the key work being done by our near neighbours. We may be an island of affluence and good health in the Pacific, but you and I know that we face some very significant unresolved issues in rural and remote health and this is a really key and important time for us.

At a national level much has been promised. We now have guidelines for Medicare Locals proposed as organisations to provide local leadership in primary care and to find gaps in existing service delivery. The rollout of the National Broadband Network in the wake of NEHTA [the National E-Health Transition Authority] and eHealth brings the promise of better connectivity. We are promised greater transparency of hospital funding and in the Preventive Care Commission we see, at last, some response to the need to address primary lifestyle determiners of health. And if they are adequately funded and well supported, these could be very positive changes, but there's unlikely to be any new money.

We'll be faced with the very familiar challenge of doing more with the same. But we're a creative and determined lot. Rural and remote health can lead the way on health reform. We can showcase our success and here's an opportunity at this conference, including the models of health service delivery and multidisciplinary care, but the issue of equity looms large. The urgent challenges are those facing our Aboriginal and Torres Strait Islander population and the many rural residents of ours who live in poverty.

And a fair share of investment in rural areas is not just a question of equity, it's also an economically sound strategy for national productivity and sustainability. Over recent years and months and days we have been further tested by natural disasters. Their impact on rural communities, as you well know, is very significant. So I want to challenge you as community citizens of rural communities and, as often involved in health or arts as community leaders, to think at two levels during the next week. I want you to think nationally and then I want you to think locally.

At a national level I want you to be really concerned with the social determinants of health. I want you to think carefully about these potential changes in health policy at a national level and think of whether they are going to be measures that not only improve the delivery of health care, but actually also address those things that make people sick, like inadequate housing, educational opportunities, and employment.

And then I want you to change hats—perhaps hats is a theme of the conference—and think locally, and I want you to think like I do as you enjoy networking with very interesting, informed people and ask yourself some questions.

What part of this person's experience or story that they're telling me is applicable at my location? What about my service and where I live? What can I take away from this conference to help me with what I call the "three e's". Can I be more efficient? Am I delivering the most I can with often the limited resources at my capacity—that's available to me? Can I be more effective? Am I doing all I can, as I said, to keep people well rather than waiting until they're sick? And are there other levels of health service that I can work at? And am I contributing to equity? Do the people with the greatest need get my service or does the best service go to those who are geographically and financially best placed?

And, as I think about all these things, how do I work out whether I'm succeeding? How can I measure how I'm going? Now, it might be that it's in health outcomes. It might be that it's in better communication between the part of the health system that I work in and other parts, or it might be the in pleasure on the faces of those who are accessing my arts and health program. But I urge you to make personal and local use of this national event. Take home these really useful thoughts and let them stimulate and inform your work. Those of us who have the privilege of living and working in rural and remote Australia are at the heart of moves to ensure that our national is truly healthy, especially in rural communities. I wish you well at this conference.

MR KIM SNOWBALL: Well, thanks for the welcome and the opportunity to meet with you here today. I too would like to extend my respect to the Noongar people on this land; Noongar people both past and present. I'd also like to make some acknowledgments. Helen Morton, of course, as Minister of Mental Health and Disability Services. I should add that Helen and I were actually joint presenters at a national rural health conference in 1994, so we go back a fair way with rural health. I'd also like to extend my acknowledgment to Madelena Suarez, the Vice Minister for Health from the Democratic Republic of Timor-Leste. Welcome.

Also acknowledgment to Senator Judith Adams—I haven't seen her here today, but I'm sure [she is here]—there she is. Hi Judith, welcome. And, again, Judith being a very long-term member and associate and colleague and friend in terms of rural health. I also extend my thanks to the Chairperson and to the Alliance Council members, particularly for picking Perth as the location for this conference. Being a Perth resident—I extend a welcome particularly for people from the eastern states who, of course, as you know, have made attempts to take our GST, to take our mining royalties, and most recently have been taking our rain as well, although not in the north of the state. In terms of the welcome—I do this on behalf, too, of the Deputy Premier and Minister for Health, Dr Kim Hames, who I'm here to represent.

So I'll welcome you all.

I also like at these events to just register two things. One is we have a wonderful health system in Australia. We have an absolutely [first class] health system. Let me tell you a few of the things about that health system. First of all we achieve as a system—and as a system I talk about public, private, GPs, local government, all of the contributors—the second highest life expectancy in the world. We have one of the world's lowest infant mortality rates. We have, surprisingly, very strong levels of patient satisfaction with public hospitals.

You might be a bit astounded to think that when you read the newspapers, but the people who actually use our hospitals think it's pretty damn good. We have very strong performance in safety and quality, and that's on top of continually increasing activity in our health system. We're experiencing between four and five per cent increase year in, year out and, at the same time, are improving our quality and our standards. Now, that's not to say that we don't have gaps and we don't have issues and we don't have things we need to deal with and address, but it's important to recognise that we actually have a pretty good working system.

The gaps—and these are the priorities certainly in Western Australia and I'm sure in other states as well—Aboriginal health remains our critical and number one health issue in my view. We also have a particular issue

about our remote services and unlike any other country—I mean we can go and learn from Sydney, New York—in terms of how hospitals work in big urban centres, but there’s not too many countries with a sort of remoteness and the demographics that we have across areas like Western Australia, the Northern Territory (recognising the Director-General from Northern Territory here as well), Queensland, New South Wales—areas of New South Wales and so on.

It’s really important that we work out how we’re going to get services and overcome the logistics about delivering services in a way that’s acceptable to those communities in those remote areas. And the reason I pose that question? I actually had a look at the 1997 conference which was the last time it was held here in Perth. It was opened by the then Premier, Richard Court, and he posed a particular question, and that was: “Is it reasonable for a person in New South Wales to have ready access to a \$363 a year in benefits under Federal Medicare while someone in the remote Kimberley or Pilbara region with much poorer health status is only accessing \$66 per year on a per capita basis?” So that’s \$363—I’m not attacking New South Wales, please—\$363 in a state that’s relatively populous and that’s one of the issues: \$363 compared to \$66; that was 1997.

So I thought wouldn’t it be interesting to have a look at what that number is now. Current situation: New South Wales \$739 per capita. It’s an increase of \$376 over that period. In the Kimberley and Pilbara approximately \$120. That’s an increase of \$54. So over that same time the disparity has actually increased, not decreased. So the challenge, I believe, for this conference and for others—whether it be government, communities—is really to work out what are the new approaches that we can use to get effective preventative primary health care services into remote Australia?

It’s not that there’s been a lack of effort over that time by the way, but I think it’s a recognition that it’s far easier to get services and practitioners and clinicians to the more populous areas than it is to remote and small rural communities. So, on that note, that’s the question.

Very warm welcome from me. I’m sure you’ll enjoy the weather here, those of you who’ve come from the floods and so on. We haven’t had rain for around about six months. You can go and have a look at the dams; that’s an empty dam. We have beautiful weather over the next three days. I hope you enjoy it. Welcome.

