

INAUGURAL RURAL & REMOTE HEALTH SCIENTIFIC SYMPOSIUM

Overview

<http://nrha.ruralhealth.org.au/OtherConferences/?IntCatId=29>



The Symposium received funding from the Australian Government Department of Health and Ageing.

Purpose

INAUGURAL RURAL & REMOTE HEALTH SCIENTIFIC SYMPOSIUM

- to focus on what we know from high quality rural health research
- to provide the best evidence for guiding policy and informing the take-up of evidence-based clinical practice in rural and remote areas
- invitation only
 - 64 researchers and policy makers
 - Brisbane 6-8 July 2008



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Health Status Differentials

- What are the distinctive aspects of morbidity and mortality in rural and remote areas?
 - Disease Patterns
 - Service access and finance (equity)
 - Indigenous

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Disease Patterns

Andrew Phillips, National Rural Health Alliance

- Death rates increase with remoteness, reflecting poorer health risk profiles, access to services, environment and, in remote areas particularly, of ATSI health.
- Prevalences and incidences of disease and personal risk factors broadly follow or predict the pattern shown by death rates.
- Sociodemographic status influences health.

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Service access and finance

*Michael Tennant, A/Senior Director, Policy,
Planning and Resourcing Division, Qld Health*

- Large numbers of service providers in single rural localities
- Rural and remote residents access less Medicare funds per head than metro
- Service delivery is more expensive per head

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Indigenous health

Prof Cindy Shannon, University of Queensland

- Life expectancy is around 17 years lower than for the total Australian population
- Behavioural risk factors include high rates of smoking, alcohol consumption, and obesity
- Socio economic risk factors include poor school retention, high unemployment and low income
- Aboriginal community controlled health services play a significant role in service delivery
 - should not be viewed simply as a *substitute* for mainstream services.
 - provide a training base for both Indigenous and non-Indigenous health professionals



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Impact of rurality

- How does 'rurality' impact on the provision of health care in non-metropolitan areas such that health practices and service delivery have different requirements from those in metropolitan areas?
 - Environmental determinants (rural and remote geography)
 - Socio-economic and socio-cultural determinants
 - Political determinants

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Environmental determinants

Professor Craig Veitch, University of Sydney

- Specific death and injury rates in rural Australia are generally higher than in urban areas
- Rural environments (both physical and built) expose residents to unique hazards
- The rural environment influences attitudes and behaviours which are not always conducive to safety or good health and well-being

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Socio-economic and -cultural determinants
Prof John Beard, New York Academy of Medicine

- Socioeconomic and cultural factors are key determinants of rural health.
- Rural communities have different distinct socio-economic and cultural characteristics.
- Socioeconomic disadvantage is the greatest driver of rural health disparities.
- Identifying neighbourhood level determinants may lead to innovative structural interventions.

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Political determinants

Emeritus Prof Max Kamien, University of WA

- Rural doctors, nurses and health advocates frequently express frustration and cynicism about the agendas of health bureaucrats.
- Little research into the reasons for the divide between bureaucrats and health professionals or its impact on the provision of rural health care.
- Translation of policy to rural practice is not well understood

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Optimal service delivery models

- How do we best deliver appropriate and accessible health care to meet the distinct (cf metropolitan) and diverse (within rural areas) needs of rural and remote populations, particularly in relation to chronic disease?
 - Innovative models
 - Integration and coordination of care
 - Workforce and interdisciplinary teams

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Innovative models

Prof John Wakerman, Centre for Remote Health

- Successful Primary Health Care models need:
 - adequate funding and appropriate financing mechanisms
 - community participation;
 - health information systems
 - multidisciplinary practice;
 - vision or leadership.
- There is a lack of evaluation of remote and rural PHC models.
- Researchers, decision-makers etc need better mutual understanding so research better informs policy and practice.

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Integration and coordination of care

Prof James Dunbar, Greater Green Triangle UDRH

- Poor access to services seems to be a large contributor to the inequity in health care, esp re chronic disease
- Collaboratives, Managed Clinical Networks and Collaborative Care are reducing inequities in rural health and evaluation is needed to determine how.
- National chronic disease surveillance system to identify risk factor levels in different populations needed

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Workforce and interdisciplinary teams

A/Prof Deborah Schofield Northern Rivers UDRH

- Multi-disciplinary care can provide better health outcomes and a more satisfying work environment for health professionals.
- More diverse incentives for rural practice are required.



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Evidence in policy

- How do we influence the implementation of evidence-based changes in the ways that health services are provided in rural and remote areas in order to ensure optimal access to health care?
 - drivers and impediments
 - community engagement and working with government
 - evaluating outcomes

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Policy drivers and impediments

Prof Desley Hegney, University of Qld

- Use of evidence in policy and practice is complex
 - impediments include the ability of practitioners to understand research and how it can be applied to their practice.
- Current Levels of Evidence (Cochrane Collaboration) are restrictive and have limited application in rural and primary care settings.
- The majority of current policy and practice in health care is not based upon 'evidence'.
- While impediments and facilitators are well known, are no published evaluations on current programs, thus no evidence of what makes a program successful, particularly in rural and remote environment.

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Community engagement and working with government

A/Prof Sue Kilpatrick, University of Tas

- Community participation should be consistent with community values and attitudes, take account of and draw on community resources.
- A health system-community partnership approach is good practice.
- Community engagement takes time and resources, but can be expected to lead to better health outcomes for rural residents.

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Evaluating policy outcomes

Prof Jane Farmer, UHI, Scotland

- There are policies specifically relating to rural health.
- Some countries routinely ‘rural-proof’ policy, including health policy.
- There is little evidence of research flagged as ‘policy evaluation’ in rural health, though much of what is studied relates to the playing out of policy issues in a rural setting.



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What do we know?

- The social and geographical landscape of current and predicted disease burden
- A lot about biomedical health issues
- Health expenditure is skewed away from rural and remote residence
- The (diversity of) social and physical characteristics of rural and remote Australia
- A small amount about rural/remote service configuration
- Is difficult to attract and retain health professionals in rural and other lower SES communities

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What do we need to find out?

- How various rural social and contextual factors interact to produce health outcomes
- What policies will deliver equitable health outcomes to rural and remote Australia
- More about service configurations (professional mix and organisational); what we have, what works, where it works, why it works
- What organisational culture works to recruit and retain health professionals, and allow them to practice safe, quality care, and how can we support this (eg education, support)



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What do we need to find out?

- The costs and benefits of various service configurations to patients and systems
- The process by which rural and remote people achieve and maintain good health
- More about patient centred perspectives / experiences of the health system
- Who should be involved in and making what decisions; community participation
- How the context and risk interact and determine safe practice
- What is the theory of rural health

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What do we already know that we don't use?

- Many examples of good, effective practice and service delivery
- Investment in primary health is more cost effective than investment in tertiary care
- Cross disciplinary literature and researchers, eg community development, primary industries, organisational and management, human behaviour (esp sociology)

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What is the way forward?

- Mechanisms for sharing knowledge, eg ROAR
- Raise the status of qualitative and evaluation research
- Systematic syntheses of qualitative & evaluation rural research
- Better translational research & policy/practice–research engagement
- Examine impact of SES vs geographical location on health indicators
- Input into remoteness classification and research reviews
- Changing understanding of health determinants by rural people, public, health professionals and policy makers
- Encouraging policy flexibility and informed policy risk taking; removing impediments, eg. in funding, jurisdictional
- Making all public policy healthy



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Summary

- Sociodemographic and cultural factors influence rural health
- We must ask what is good about rural health, not take a deficit perspective
- Quality research is essential
- Engagement with end users is essential