

# INAUGURAL RURAL & REMOTE HEALTH SCIENTIFIC SYMPOSIUM

## Communiqué

### What do we know?

- The social and geographical landscape of current and predicted disease burden
- A lot about biomedical health issues
- Our 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 configuration of rural/remote services
- It is difficult to attract and retain health professionals in rural and other lower socio-economic status communities

### 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 practise safe, quality care, and how can we support this (eg education, support)
- 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

### 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 Roadmap of Australian Research (ROAR)
- Raise the status of qualitative and evaluation research
- Systematic syntheses of qualitative and evaluation rural research
- Better translational research and policy/practice–research engagement
- Examine the impact of SES vs geographical location on health indicators
- Input into remoteness classification review and ERA and research training
- Changing the understanding by rural people, the general public, health professionals and policy makers of the key determinants of health in rural communities
- Encouraging policy flexibility and informed policy risk taking; removing impediments, eg. in funding, jurisdictional
- Making all public policy healthy

## Summary

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



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