



## Vision

*Good health and wellbeing  
in rural and remote Australia*

## Purpose

*We lead, unite and harness the sector's intelligence  
as the national catalyst for change and innovation in  
rural and remote health and wellbeing.*

## Goals

- **The knowledge, capacity, influence and geographic reach of our members is harnessed** and used to identify innovative solutions to rural and remote challenges.
- **Access to services and workforce** is improved to achieve greater equity for people living in rural and remote Australia.
- **Evidence of the value of investment** in rural and remote health and wellbeing is generated, used and informs investment decisions.
- The Alliance is respected for its **expertise in contributing to policy development** and systems change.

## Priorities

- 1 Implement evidence-based approaches – including population needs assessment, health services research translation, and economic analysis – to **unlock the economic and social potential** of the 7 million people living in regional, rural and remote Australia.
- 2 **Improve health outcomes for Aboriginal and Torres Strait Islander peoples** with a focus on wellness, cultural safety and social and emotional wellbeing.
- 3 Integrate **teaching, training, research and development to attract and retain the right workforce** to deliver locally responsive models of care and support.
- 4 **Strengthen prevention, early intervention and primary health care**, to reduce the disproportionate impact of illness and disease, and of risk factors such as smoking, risky drinking, overweight and obesity, and to improve early childhood and family development.
- 5 Develop **place-based, community and individualised local approaches** to respond to community needs and the social determinants of health in partnership with local stakeholders.
- 6 Reduce the higher burden of **mental ill-health, suicide and suicide attempts** in rural and remote Australia.
- 7 Secure **long-term, sustainable funding** to support and extend our core work in policy development, influence and advocacy.



## Outcomes

### 1 Process

- a. Long-term rural and remote health plan agreed by jurisdictions, including performance indicators to ensure accountability and measure change for people in rural and remote Australia.
- b. Integrated models of team-based care are developed and implemented including joined-up health and social care system, multi-purpose services, and intersectoral approaches at local and regional levels.
- c. Primary health care, prevention and early intervention are strengthened to promote an holistic approach to physical, mental, social and emotional health and wellbeing.
- d. Universal access to reliable voice and data services which are sufficient to enable individuals and on-the-ground primary health care services to be supported by specialised and other services provided via digital health arrangements, including home and wearable applications.
- e. Core government funding is sustained and extended for at least a further three years from 2019.
- f. Additional sources of revenue to support policy and project development and other core activities are identified from both government and non-government sources.

### 2 Impact

- a. Access to and coordination of services is improved at community and local levels, with reduced fragmentation and better integration between primary, secondary and tertiary services, stronger multidisciplinary team approaches and partnerships which recognise the impact of social determinants of health.
- b. Regional variation in access to services in rural and remote Australia is reduced.
- c. Economic impact (participation, productivity and growth) measured and reported relative to improvements in rural and remote health status.
- d. Longer-term organisational sustainability is achieved.

### 3 Health Outcomes

- a. Reduction in the difference between burden of disease in rural and remote Australia and metropolitan Australia.
- b. Reductions in rates of smoking and risky alcohol consumption measured on a regional basis.
- c. Reduction in the proportion of children who are developmentally vulnerable in one or more domains as measured by the Australian Early Development Index.
- d. Reduction in rates of 16-25 year olds in rural and remote Australia who are Not in Employment Education or Training (NEET).
- e. Reduced adult unemployment rates.
- f. Increased participation in secondary and tertiary education.
- g. Reductions in rates of suicide and suicide attempts measured on a regional basis.
- h. Progress on achievement of Closing the Gap targets.
- i. Improvements in health outcomes such as cancer survival, and death rates due to suicide, motor vehicle accidents, ischemic heart disease, chronic obstructive pulmonary disease, diabetes, and end stage kidney disease.

#### BUILDING BLOCKS:

Person and communities focus

Equitable workforce supply and distribution

Funding models promote access on a needs basis

Inclusive partnerships which support locally co-designed models of care

Evidence and data, applied nationally and locally

Advanced digital connectivity