SHINING A LIGHT
ON RURAL AND REMOTE HEALTH

2013 ELECTION CHARTER
NATIONAL RURAL HEALTH ALLIANCE

NATIONAL RURAL HEALTH ALLIANCE INC.

PRE-ELECTION CHARTER 2013

This Pre-Election Charter provides Australia's political parties with the opportunity to commit during the Election Campaign to specific actions for improving the health and wellbeing of people in rural and remote areas. One in three Australians live outside the major cities. There is no justification for them having lower average life expectancy than people in the major cities.[1]

There is an annual shortfall of over $2 billion in the rural spend on primary care, mainly due to the Medicare and PBS deficits. Recent evidence from the NHPA's *Healthy Communities* report shows that age-standardised GP attendances per person ranged from 2.9 in the Kimberley-Pilbara Medicare Local to 7.5 in South Western Sydney.

Successive Australian Governments have made significant and welcome investments in rural and remote health in the past two decades. These investments must not be squandered. Now is the time to ensure the improvements underway in our health, aged care and disability systems translate into 'a fair go' and better health outcomes for rural people.

This Charter lists seven areas of current opportunity to bring significant benefits to the people who live in rural and remote Australia. During the Election Campaign the National Rural Health Alliance will publicise the parties' positions on these issues.

Seven top domains for rural and remote Australia: August 2013

Domain	Issue and specific aspects
1. Local health needs must determine rural service planning and delivery.	• Invest in local health service planning to better meet the local need for primary care • Mental health services must work for young rural people
2. There must be an integrated rural training pathway for health professionals who contribute to rural health.	• Seamless transition for rural health students from education to training and employment • Oral health professionals to care for rural people's teeth
3. In aged and disability care government should build on reform to enable rural people to live better.	• Rural effectiveness a criterion for DisabilityCare Australia • Flexibility and rural focus in *Living Longer, Living Better*
4. There must be continued support and resourcing for the Close the Gap Campaign.	• Bipartisan national support for and investment in Closing the Gap • National support for the Aboriginal community controlled health sector

[1] The overall rural-metropolitan difference is 2-4 years; between a low SES remote area and a well-off city suburb it is as much as 11 years.

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5. Funding must provide equitable education and health choices for rural people.	• Underpinning secondary school completion and opportunities for tertiary education as a key social determinant of health. • Health promotion that works for rural people
6. Government should lead development of fixed and mobile connectivity for rural prosperity and health.	• Affordable, high speed broadband for business, recreation, health services, training and support. • eHealth – already achieving results – keep up the investment in people and technology.
7. Government should build the economic future of rural communities.	• Strong economic returns on rural health investment • Ameliorating the effects of climate change and taking the economic opportunities

1. Local health needs must determine health service planning and delivery.

Investment in Medicare Locals to meet needs

The National Rural Health Alliance is calling on political Parties to commit to providing Medicare Locals (by whatever name) and Local Health/Hospital Networks with the resources and accountabilities they need to better coordinate primary care, be involved in broad primary health care and collaborate closely with local hospitals. This will improve the health of local people, starting with those in greatest need, and reduce the number of avoidable hospitalisations.

Aboriginal community controlled health services must also be supported as effective means of meeting local health needs in rural and remote areas - mainly for Aboriginal and Torres Strait Islander people.

Baseline data from Healthy Communities reports show wide variations in access to health services across Australia, and local needs assessments are helping to focus efforts in health service improvements through Medical Locals. The work of the Independent Hospitals Authority on block funding for small rural hospitals remains critical to sustaining local centres for health and aged care across Australia . The National Rural Health Alliance wants to see an end to ill-advised closures and downgrading of rural hospitals, and governmental commitments to the rebuilding of maternity services capacity in country areas.

Medicare Locals have an important role to play in continued efforts to develop a health workforce with the mix of skills required within their boundaries. For instance they can employ a pharmacist in a small town or remote Australia to conduct medication reviews or a diabetes educator and link these to general practice and hospitals if needed.

They can also support health professionals working in more remote areas with skills and connections, including use of online measures for training, support, networks and coordination.

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Mental health services in rural areas

As a specific example of their capacity, Medicare Locals have an important and expanding role to play in delivering mental health services to rural and remote areas through investing in the development and strengthening of multidisciplinary mental health care teams. Greater use should also be made of the appropriate use of proven online measures for patients and health professionals, including approaches based on mental health first aid. It is vital that such services delivered at a distance should help in building the capacity of local services.

The National Rural Health Alliance seeks a commitment from all political Parties to further invest in such mental health programs, including for early intervention with children and young people in rural areas.

Stronger links should be forged between local health professionals and those working in local programs outside health, for example through Centrelink or community services. Medicare Locals have a key role to play in forging and sustaining these relationships.

2. There must be an integrated rural training pathway for health professionals who contribute to rural health.

An integrated rural training pathway across all health professions

The National Rural Health Alliance seeks a commitment from all political parties to a refurbished approach to the rural and remote health workforce, with an emphasis on optimal distribution and skill mix rather than just the absolute numbers.

An improved and re-oriented approach to health workforce recruitment and retention should include an integrated rural training pathway for nurses, allied health professionals, dental professionals, pharmacists and doctors. Seamless transition for rural health students from education to training and employment will deliver a better supply of health workers for services in rural and remote areas. We also encourage Government to work with Medical Colleges to encourage registrar training in general surgery and medicine to be based, as is general practice, in regional settings with strong hospitals and high quality services. Urban based postings should be an 'outreach' to add specific experience.

Oral health professionals to care for rural people's teeth

The National Rural Health Alliance calls for stronger bi-partisan support for the National Partnership Agreements on public dental health services. It urges Commonwealth, State and Territory Governments to publicly and urgently progress the developments in the Agreement to provide equitable and accessible oral health services for people in rural and remote areas.

For initiatives relating to child and adult oral health to succeed in rural and remote areas it is essential that the measures in place to redistribute the oral health workforce are effective and quickly build parity in access to private and public oral health services for country people. Rural oral health teams are needed for preventive oral health as well as restorative dentistry. Given their higher rates of decayed, missing and filled teeth, country people must receive the services they need as a matter of urgency. The new generations of country people should not

be expected to accept worse health outcomes than those people who are born and raised in the city. Fluoridation must be strongly supported, particularly in Indigenous communities.

3. In aged and disability care government should build on reform to enable rural people to live better.

Assured rural capacity for DisabilityCare Australia

The National Rural Health Alliance seeks the continued commitment of all political Parties to doing whatever it takes to ensure that people in rural areas having equivalent access to the benefits of DisabilityCare Australia. The new program must be rolled out as scheduled.

The evident bipartisanship at Federal level is most welcome. The challenge for government and its agencies is to listen to and respond positively to the specific issues and challenges faced by people with a disability and their families and carers outside major cities as the full scheme emerges over the next few years.

The work of DisabilityCare Australia has the capacity to augment the financial basis for allied health positions in rural areas. Allied therapy assistants could help here as they can be based locally. In the new system spearheaded by DisabilityCare Australia there will be an important place for local case managers or care coordinators who can work with the support of the specialised and more centralised interdisciplinary rehabilitation or care team that may be based regionally.

A rural emphasis in *Living Longer, Living Better*

Older Australians are a rapidly growing group with both special vulnerabilities and under-utilised skills and capacities. With appropriate supports and interventions they can contribute even more than is currently the case to the nation's economic and cultural life. They provide valuable skills, experience, time and other resources, especially in rural areas where they are in greater proportion and where a palpable and valuable sense of community is built on the skills and energies of locals.

The National Rural Health Alliance seeks the commitment of political Parties to the implementation of the *Living Longer, Living Better* measures with flexibility and in conjunction with specific provisions suitable for ageing well and for aged care in rural areas. This is an area of activity where a 'one size fits all' approach will certainly not work.

It is essential that, as the newly-enacted aged care measures are rolled out, they are adapted to address the particular vulnerabilities of older people living in rural and remote communities. These include higher costs of living, a higher proportion with low incomes, greater isolation and challenges of transport, and greater exposure to natural disasters (eg heat waves, fires and floods).

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4. There must be continued bipartisan support and resourcing for Closing the Gap and Close the Gap campaigns[2].

Bipartisan national support

The National Rural Health Alliance seeks a commitment from all political parties that they will agree on a bipartisan approach to improving the health and wellbeing of Aboriginal and Torres Strait Islander people. This will see continued support and investment by governments, collaboratively and across portfolios, in policies and programs to meet COAG's targets in this area, as well as targets set and managed by Aboriginal and Torres Strait Islander People themselves outside formal government circles.

The recently released *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, reports that between one third and one half of the life expectancy gap may be explained by differences in the social determinants of health.

> "Improvements in Aboriginal and Torres Strait Islander people's health requires an integrated approach encompassing the strengthening of community functioning, reinforcing positive behaviours, improving education participation, regional economic development, housing and environmental health, and spiritual healing."

Its Indigenous members, National Aboriginal Community Controlled Health Organisation (NACCHO) and Australian Indigenous Doctors' Association (AIDA), are leading the Alliance in its call for a bipartisan national commitment to support for and further investment in work on Closing the Gap.

Work in the area must be directed to shape a health system that is culturally safe, high quality, reflective of need and which respects and incorporates Aboriginal and Torres Strait Islander cultural values. It must have particular reference to health workforce issues. Culture, partnership, Indigenous leadership and workforce are themes that are inextricably linked and are important for policy development and implementation, in particular for the National Aboriginal and Torres Strait Islander Health Plan.

Building an adequate and culturally safe health workforce is crucial to delivering high-quality, sustainable health services for Indigenous people. To ensure that the Indigenous medical workforce continues to grow, academic, professional and cultural support is essential.

Improvements in Aboriginal and Torres Strait Islander health need to be consistent with the United Nations Declaration on the Rights of Indigenous Peoples and, in doing so, be developed through genuine partnerships between governments, Indigenous organisations and communities. Partnerships need to be consultative and collaborative, guarantee Indigenous participation in decision making and showcase strong Indigenous leadership in communities.

[2] the former is COAG's response to the latter; Close the Gap is owned and managed by Aboriginal and Torres Strait Islander organisations.

Practical measures include Constitutional recognition, increased involvement in decision making, and increased support for self-empowerment and self determination.

Cost is a significant barrier to improving access to medicines for Aboriginal and Torres Strait Islander people. Despite two to three times higher levels of illness, PBS expenditure for Aboriginal and Torres Strait Islander people is about half that of the non-Indigenous average. For these reasons there should be continued support for the Close the Gap PBS Co-Payment Measure introduced in July 2010 to reduce or remove the patient co-payment for PBS medicines for eligible Aboriginal and Torres Strait Islander patients living with or at risk of chronic disease.

Support for the Aboriginal Community Controlled Health sector

The COAG targets will only be met with meaningful engagement and participation of Aboriginal and Torres Strait Islander People. It will also require continued political leadership and commitment of resources, including to the Aboriginal Community Controlled Health sector. It is also important to highlight and strengthen the critical role of the non-Indigenous mainstream health workforce in delivering equitable services for Aboriginal and Torres Strait Islander people. All health professionals must embed culture in the provision of health services to Aboriginal and Torres Strait Islander people.

Work on Indigenous maternal and child health and on aspects of chronic disease such as anti-smoking and eye health are proving successful but will take time to meet the targets set. Investment in such work as this must continue unabated and with strong national leadership.

As with other areas of health policy endeavour, work to improve the health of Aboriginal and Torres Strait Islander people must have a stronger focus on health promotion and illness promotion than has been the case in the past. This will need to be an ongoing consideration for the Australian National Preventive Health Agency (ANPHA).

5. Funding must provide equitable education and health choices for rural people.

Underpinning secondary school completion and opportunities for tertiary education

Health outcomes are strongly correlated with levels of educational outcome. The National Rural Health Alliance seeks support from all political Parties for national reform of school funding to tie it more closely to educational need.

Currently the percentage of 17-year olds still at school declines with remoteness and low rates of access to higher education for young people from rural and remote areas persist as a challenge to rural and national prosperity. Funding Australia's schools to provide equitable secondary school completion rates across the nation will be a major contributor to rural families now and to rural and remote health and wellbeing into the future.

Lower education levels translate into lower employment opportunities and income. Such socioeconomic disadvantages contribute to worse health outcomes across a lifetime, from

higher rates of complications during pregnancy and childbirth for younger women and their babies, through to higher incidence of chronic conditions.

People living in rural and remote communities have poorer access to health information and higher health risks such as overweight and obesity, smoking and risky alcohol consumption than city people. Add social disadvantage to rural and remote living and the rates of risky alcohol consumption and smoking are even higher.

Health promotion that works for rural people

Health promotion strategies have not been as effective with people who live in rural and remote areas and health risk factors remain much worse. As a result, improvements in health status and life expectancy for rural people are not keeping up with those of people in Australia's major cities.

Rates of smoking provide an important and well-evidenced example. The COAG Reform Council reports that, in 2011-12, whereas 14.8 per cent of people in the Major cities were smokers, the figures were 19.9 percent and 22.9 per cent for Inner and Outer Regional areas and up to 26 per cent for Remote areas. And, while rates have declined in major cities, urban centric health promotion strategies have failed the people who live in rural and remote areas.

The Rural Health Alliance seeks a commitment from all Parties that they will give a high priority to research and follow-up action to deliver effective health promotion activity for rural and remote Australia. The Australian National Preventive Health Agency (ANPHA) should be strongly supported and empowered to lead vital work on decreasing health risks and preventing illness. It should devote a significant proportion of its resources to health promotion strategies that work for people who live in rural and remote areas, reducing health risks and improving outcomes.

6. Government should lead development of fixed and mobile connectivity for rural prosperity and health.

Affordable high speed broadband

Good connectivity, including through high speed broadband, is essential for households and businesses, for commerce, recreation and communications as well as for health services. Equal opportunity on all these fronts for people in more remote and other hard-to-connect areas can only be assured through equal access to broadband and improved support for mobile telephony.

By whatever means, people in all parts of Australia must therefore be given access to high speed and reliable connectivity, for both fixed and mobile devices, at a common and affordable price. It is most important that households and businesses in the 'difficult 7 per cent' should, as is proposed through the NBN, receive priority in the scheduling of connections - whether by fibre, wireless or satellite. Given the increasing use and value of mobile phones, including in remote areas, there must be more focus on telephony for that purpose.

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eHealth

Coupled with the expansion of practical eHealth solutions, the promised roll-out of high speed broadband that is fit for health purposes will contribute to improved healthcare outside the cities. This will be the case in both formal healthcare settings and the home. For instance valuable improvements can be made in 'Hospital in the home' settings and in home care for older people and those with chronic illnesses.

Specifically, the Rural Health Alliance seeks continued government support for and investment in ensuring that rural and remote health professionals are able to make the best use of telehealth and the eHealth record.

Telehealth has the capacity to alleviate some health professional shortages through the appropriate use of real-time interaction with health services at a distance. It should be seen as an adjunct to and not a replacement for face-to-face services.

The eHealth record system (previously known as the PCEHR) will be particularly valuable for patients from rural and remote areas when they have to travel for care, to ensure the health information needed is readily available as they move between a regional clinic, visiting specialists, local health professionals and city hospitals.

7. Government should build the economic future of rural communities.

Strong rural returns on health investment

A strong sustainable health sector in rural areas is a key part of the economic base of rural and remote areas, not just a prerequisite for human rights and service equity. There are particular synergies to be gained in rural and remote areas through effective investment in the people who serve across the health, disability care and aged care sectors: the administrators, utility workers, caterers and care workers as well as the health professionals. These opportunities should not be overlooked – and local education and training from TAFE through to University Departments of Rural Health and Rural Clinical Schools have an important role to play.

The National Rural Health Alliance has long believed that the best medium-term investment in better health for the people of rural and remote areas is action to enhance the economic vitality and sustainability of as many rural communities as possible. In the context of the coming Federal Election the Alliance will therefore be carefully scrutinising the economic, employment and regional development policies of the political parties for signs that the special economic interests and capacities of remote areas are recognised.

Ameliorating the effects of climate change and taking the economic opportunities

The National Rural Health Alliance calls on all political Parties to commit, both during the new Parliament and thereafter, to maintaining and expanding programs to help people in rural and remote Australia pre-empt the adverse impacts of climate change and to make best use of the economic opportunities that will arise from it.

Climate change has been identified as the greatest public health threat of the 21st century (Lancet 2011), as well as threatening agriculture and therefore rural economies. The majority of industries and geographic areas bearing the brunt of climate change are in rural, regional and remote areas.

The employment and economic bases of rural and remote areas can potentially benefit from opportunities and industries that emerge, such as further development of renewable energy systems, and from industries associated with carbon sequestration

Once again Australia will need to call upon the resilience and resourcefulness of country people to sustain national wellbeing. The least the nation can do in return is to invest in a 'fair go' for the people of rural and remote Australia to assure them of a strong and healthy future.

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The Rural Health Alliance receives core funding from the Australian Government Department of Health and Ageing.

Attachment

Member Bodies of the National Rural Health Rural Health Alliance

ACHSM	Australasian College of Health Service Management
RNMF of ACN	Rural Nursing and Midwifery Faculty of the Australian College of Nursing
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare & Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
APS	Australian Paediatric Society
APS (RRIG)	Australian Psychological Society (Rural and Remote Interest Group)
ARHEN	Australian Rural Health Education Network Limited
CAA (RRG)	Council of Ambulance Authorities (Rural and Remote Group)
CHA	Catholic Health Australia (rural members)
CRANAplus	CRANAplus – the professional body for all remote health
CWAA	Country Women's Association of Australia
ESSA (NRRC)	Exercise and Sports Science Australia (National Rural and Remote Committee)
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHSN	National Rural Health Students' Network
PA (RRSIG)	Paramedics Australasia (Rural and Remote Special Interest Group
PSA (RSIG)	Rural Special Interest Group of the Pharmaceutical Society of Australia
RACGP (NRF)	National Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors Association of Australia
RDN of ADA	Rural Dentists' Network of the Australian Dental Association
RHW	Rural Health Workforce
RFDS	Royal Flying Doctor Service
RHEF	Rural Health Education Foundation
RIHG of CAA	Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia
ROG of OAA	Rural Optometry Group of the Australian Optometrists Association
RPA	Rural Pharmacists Australia
SARRAH	Services for Australian Rural and Remote Allied Health