



NATIONAL RURAL  
HEALTH  
ALLIANCE INC.



## **NRHA Priority Recommendations from the 12<sup>th</sup> National Rural Health Conference**

12 June 2013

*Following the 12<sup>th</sup> National Rural Health Conference (Adelaide, 7-10 April 2013) and based on the work undertaken at it, the NRHA has endorsed a set of fourteen recommendations which reflect many of the Alliance's current priorities.*

*These recommendations are based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.*

## **NRHA Priority Recommendations**

### **National Broadband Network**

The Alliance calls on political parties to meet their commitment to provide, as soon as possible, high speed broadband to all families, services, businesses and communities in rural and remote areas. Among other things, this will facilitate new and emerging best practice models of health care, such as those which incorporate high definition videoconferences, data exchange and high resolution image transfer.

The broadband infrastructure used must be robust and adaptable enough to accommodate future information technology developments, and to provide high speed connectivity and the coalescing of various media.

The costs to the consumer must not discriminate against people in rural and remote areas.

### **Food security**

Given the critical importance of nutrition to good health and wellbeing, population health plans for rural and remote Australia should include measures to ensure food security, with specific funds available for ongoing work on food security. A collaborative cross-sectoral approach should be used for work on food security, driven by a new inter-governmental and inter-agency Food Security Council. That work should help to ensure access to good quality food (especially fresh produce) in remote areas at reasonable cost to consumers, with specific measures - as necessary - to ensure that fresh food is available at fair prices.

### **Data**

To measure the impact of health-related programs on the 32 per cent of Australians who live in rural and remote areas, and to assess their health status in an ongoing way, accurate and accessible data are needed that are specific to location. This permits analysis of health-related investment and the identification of effective programs that should be enhanced and of those with limited success that could be phased out.

The quality and scope of data for Aboriginal and Torres Strait Islander communities should be improved and data collection carried out in a sensitive and culturally respectful way following genuine prior consultation with Elders and other appropriate community representatives.

The Alliance calls for public monitoring of progress with the National Strategic Framework for Rural and Remote Health, and for the Medicare Locals' *Healthy Communities* reports to permit comparisons between major cities, regional and remote areas.

### **A National Arts and Health Framework**

The role of community arts in health -for healing and wellbeing, for communicating health and lifestyle messages, and for community development - needs to be recognised by governments through their adoption of the National Arts and Health Framework that is currently before Arts and Health Ministers at Federal and State/Territory levels. Arts in health has much to offer in rural and remote areas, including for improved mental health, due to the dispersed nature of its practitioners and the fact that distance, population size and poor infrastructure are not necessarily barriers to effective arts and health activity.

### **Improving eye-health for Aboriginal people**

A coordinated national framework should be developed to ensure a comprehensive approach to eye health for Aboriginal and Torres Strait Islander people.

The Alliance calls on the Department of Health and Ageing and State and Territory Governments to make provision for the integration of eye health into routine screening programs, for example, adult and child checks, diabetes checks (to detect retinopathy) and other general health and wellbeing checks.

To enhance eye care services within local communities there need to be an adequate number of Aboriginal Health Workers and Regional Eye Health Coordinators based in Aboriginal Community Controlled Health Services and State and Territory health services, with funds provided for training and support for these roles.

Spectacle schemes provided by the States and Territories should be nationally consistent and comply with best-practice standards. The feasibility of a national spectacle scheme specifically for Aboriginal and Torres Strait Islander people should be urgently considered.

### **Aged Care**

In its Submission and its evidence to the Senate Committee's inquiry into amendments to the Aged Care Act, the Alliance has called for the *Living Longer, Living Better* legislation to take account of 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 greater exposure to adverse weather events (eg heat waves, fires and floods).

Specific measures to be adopted might include investment in rural public transport and/or fuel vouchers to compensate for poor access to public transport; and 'safe at home' modifications that include timely access to falls prevention modifications, air conditioning and reflective roofing.

Pooled Commonwealth and State investment in aged and disability services should be considered in order to increase the number of viable home services provided in rural communities.

### **Oral Health**

To ensure that regular, preventive-oriented oral health care and treatment is available to all people in Australia, the Alliance seeks bi-partisan political support for the National Partnership Agreements on public dental health services. It urges Commonwealth, State and Territory Governments to progress proposals in the Agreement to provide equitable and accessible oral health services.

The Grow Up Smiling (GUS) program for eligible young people represents a good 'next step' to ensuring regular, appropriate oral health care is available to all on the basis of need.

### **Maternity Care**

Maternity care in rural and remote Australia should focus on services that meet the needs of women, families and the community. The Alliance is a strong supporter of the National Maternity Services Plan and the Rural Maternity Services Consensus Framework. The Plan has an emphasis on evidence-based care, meeting population needs, and effective linkages

and networks to higher level services. The Alliance would like to see States and Territories enhancing existing maternity services in rural areas while committing not to close existing services. There should be Birthing on Country models for Aboriginal and Torres Strait Islander women under a safety and quality framework.

There is an urgent need to encourage the employment of a greater number of midwives in rural and remote areas. Midwives should be remunerated appropriately and Transition to Practice Programs, similar to those offered in medicine and nursing, offered for newly graduating midwives working in rural settings.

### **Early childhood**

The Alliance asks the National Children's Commissioner to lead a cross-sectoral, rights-based approach to addressing the issues affecting children living in rural and remote areas. The work should include a focus on the key social determinants of health in these settings, such as family income levels and access to education, health care, transport and personal support services. It should see collaboration between relevant government and non-government agencies, and focus on the provision of child-centered early intervention.

### **Sustainable model of specialist health services**

In many areas, health services and hospitals have established effective metropolitan-rural servicelinks. Where they still exist, however, tenuous links between rural/remote and metropolitan services (perhaps based on the good grace of a small number of individuals) should be replaced by service agreements and clinical governance structures that ensure continuity and networking of services in rural areas. Such arrangements would withstand the test of time and changes in personnel, and build workforce and service capacity in country locations by providing local health professionals with links to tertiary services, supervision and case conferencing, and support technologies (including telehealth) for timely advice and expertise.

Overseas trained specialists and senior trainees should not be placed in rural or remote locations without first having worked for some months in a local tertiary placement with experienced clinicians who will then be known mentors for them.

### **Allied health**

Given the expanded role that allied health professionals can play in integrated health, aged and disability care, existing programs should be expanded and new initiatives introduced for encouraging more allied health providers to work and live in rural and remote areas. The additional resources expected to be available in both the disability and aged care sectors will help underpin such efforts.

### **Telehealth**

The people of rural and remote Australia would benefit from a burst of telehealth development that does not undermine the provision of face-to-face specialist services in such areas but is driven by clients' needs for timely and quality care, rather than by commercial gain for the providers involved.

The Alliance calls for additional program funds and a flexible approach to telehealth which includes store-and-forward services as well as real-time consultations. These additional services should be underpinned by broader MBS items and appropriate training and support for the clinicians involved.

The new programs would support interactions between and among doctors, nurses and midwives, allied health professionals and Aboriginal Health Workers. Uses will include health monitoring, video consults, interim reviews between consultations and professional supervision sessions.

### **Maximising student advocacy and leadership**

The Alliance calls on health organisations to engage closely with health students and early career health professionals. These groups offer a unique perspective on the healthcare system and should be actively engaged in health reform alongside mid- and late-career health professionals and sector leaders.

Priority issues currently being promoted by students and early career graduates include the principle that support for rural clinical placements currently offered to medical students should be extended to students of other health professions; and that guidance and mentoring of early career graduates by established health professionals is critical for effective support and succession within the sector.

### **Chronic conditions in Aboriginal and Torres Strait Islander populations**

Significant advances in rural and remote health would be made through a greater number of culturally respectful health promotion campaigns and more screening and treatment work relating to hypertension, heart disease and diabetes in Aboriginal and Torres Strait Islander people. These targeted programs could focus on the social determinants of poor health, notably smoking, obesity, physical inactivity and excessive alcohol consumption. The programs would be designed to fit local circumstances and to meet the needs of specific age and population health groups.