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Maximising the value of rural and remote health research

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Communiqué

Maximising the value of rural and remote health research

Participants at the 4th Rural and Remote Health Scientific Symposium held this week committed to a National Strategy and Action Plan for maximising the value of rural and remote health research.

The Strategy and Plan will be the basis for strengthening rural and remote health research through closer collaboration between researchers, data agencies, frontline health service providers, health professionals and community workers to collect and apply the evidence that really makes a difference to rural health.

Health researchers in rural and remote areas have demonstrated success and innovation on many fronts. Rural and remote health services face particular demographic and financial challenges. But by working closely with rural communities, researchers can come up with practical evidence for what works and what doesn't when it comes to health care in challenging locations. And it's not all about health; it's also about housing, education, jobs, community leadership - and much more.

At this week's Symposium, rural and remote health researchers were given valuable insights into the availability and use of national health data sets – including those from the ABS's National Health Survey, workforce data from the Australian Health Practitioner Regulation Agency, MBS and PBS claims data from the Departments of Health and Community Services, and immunisation data from the Australian Childhood Immunisation Register. There was discussion led by the AIHW, NHPA, PHIDU and APHCRI of which data can be analysed by remoteness, by state and by region. There was also keen consideration of how data linkage works to ensure protection of the privacy of individuals while allowing opportunities for improved understanding of health service access and delivery across Australia.

The national data holders emphasised the importance of researchers being clear about the local questions that need to be answered, and understanding the strengths, limitations and purpose of the various collections and analyses. They encouraged researchers to talk with them when planning their research in order to help shape the proposal and to be clear about what data they really need.

The knowledge and experience of local health service providers and community members provide important context for the national data. It frequently leads to useful interpolation of potentially arid data sets. Frontline experience of what works and what doesn't helps to identify the best bets: where investment can make a real difference to health outcomes for rural people, and where funding could be better directed. Health researchers learnt that policy makers are interested in evidence about

interventions that do not provide good value for money, in order to free up funding for more effective initiatives.

Principles

1. The ultimate purpose of rural and remote health research is to improve the health and wellbeing of people who live in those areas. To maximise the value of that research, it must be grounded in rural and remote Australia, undertaken by people who live there, and undertaken in collaboration with local people.
2. Every opportunity must be taken to build rigorous research into health service delivery and improvement programs. Research should be seen as a part of delivering a good quality service in a changing health landscape. Clear research questions, robust methodology and analysis, and rigorous evaluation all contribute to health care improvement strategies.
3. From the very inception of their work, health researchers should work in partnership with the community, government agencies and the private sector. This partnership will help the researchers to be clear what the research priorities are, and shape their bids for financial and in-kind support accordingly. Proposals for research funding will include those that focus on the implementation of best practice in health service delivery in rural and remote locations.
4. The sector must continue to develop funding strategies for rural and remote health research that emphasise research translation, knowledge transfer and implementation, including in the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy. PHCRED has provided an important framework for this approach through its support for the Australian Primary Health Care Research Institute (APHCRI) and its Centres of Research Excellence, and the Primary Health Care Research & Information Service (PHCRIS). Allocations in the fourth phase of PHCRED will be critical.
5. The rural and remote health research sector, in close collaboration with Aboriginal and Torres Strait Islander people and their agencies, should collate a publication on best practice approaches to Indigenous health research and play a leading part in ongoing work to promote the elements of such an approach.
6. Some of the most important and valuable rural and remote health research is undertaken locally for practical purposes. Greater efforts should be made by leading research agencies and data managers to provide strategic support to strengthen and coordinate these local findings into scalable and more broadly applicable solutions, including cost-effectiveness. Specific grants should be available to support the trial and evaluation of health service innovation in the more challenging environments of under-served rural and remote communities.

Action steps

1. The case will again be made for more focused investment through NHMRC in research to underpin cost-effective care for chronic conditions with a particular focus on partnerships with end users committed to better serving areas where there are health workforce and/or health service limitations. The lead on this will be taken by the four organisations that manage the Symposium.
2. Consideration will be given to the establishment of a virtual Academy of Rural and Remote Health Research to support collaboration between those individuals and agencies engaged in rural and remote health research. The Academy would provide guidance and seek to facilitate improvements to the current complex processes for cross jurisdictional and cross agency health services research including ethical requirements, data channels and other resources to build the capacity of all those in rural and remote areas to contribute to effective, grounded research that engages and meets community needs.
3. Regular meetings of the national health data agencies will be convened by the four organisations that manage the Rural and Remote Health Scientific Symposium. Efforts will be made to progressively include in such meetings agencies, such as those associated with the Department of Social Services, which are responsible for data series relevant to the social determinants of health. By expanding the coverage of these meetings the health data and research sector can perhaps demonstrate the importance and practicability of a social determinants of health approach to wellbeing.
4. Another possible action step for inclusion in this high level summary may be around the role of Primary Health Networks (PHNs), as they are established, in research and health service improvement including as partners in research projects, users of evidence and potential holders of data on health needs, health service usage and health workforce distribution in their region.

Note for media: the 4th Rural and Remote Health Scientific Symposium was attended by 100 people involved with various aspects of rural and remote health research. The biennial Symposium is managed by the National Rural Health Alliance (NRHA), the Australian Primary Health Care Research Institute at the ANU, the Primary Health Care Research & Information Service at Flinders University, and the Australian Rural Health Education Network (the peak body for University Departments of Rural Health).

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