MEDIA RELEASE

The 5th NATIONAL RURAL HEALTH CONFERENCE

14-17 March 1999 - Adelaide Convention Centre

Organised by the National Rural Health Alliance, the peak body working to improve health outcomes for rural and remote Australians, the 5th National Rural Health Conference will bring together consumers, health professionals and policy makers to address the significant issues affecting the health of people living in rural and remote areas.

The Federal Minister for Health and Aged Care, Dr Michael Wooldridge and the Deputy Premier of SA Rob Kerin will be present on Sunday 14th to open the Conference, which will be titled "Leaping the Boundary Fence – using evidence and collaboration to build healthier rural communities". Major themes will include:-

- organisational change in health services, including Multi-Purpose Services
- Aboriginal health and wellbeing
- new approaches to first-line emergency care
- health care issues for older people in rural and remote areas
- mental health, including preventing youth suicide
- rural health promotion
- health care for rural and remote women
- information technology links in health care provision

Keynote speakers will include Prof. John Humphreys, Prof. Fran Baum, Mary Murnane, Prof. Gary Andrews, Dr Warren Walsh, Paul Pholeros and Sara Knight.

The health of Australians living in rural and remote areas is disturbingly poor. Recent statistics from the Australian Institute of Health and Welfare indicate that:-

- they die younger than urban Australians, at rates which are 32% higher for women and 22% higher for men when the general death rate (across all causes) is considered. They also die earlier and are hospitalised more often by coronary heart disease, injury, diabetes, kidney and urinary tract diseases and asthma. They smoke and drink more than urban Australians
- injuries and deaths in road accidents are over 20% higher than in capital cities,
- rural indigenous people die, on average, 15-20 years earlier than other Australians, many suffering rates of disease similar to those of third world countries
• morbidity and mortality rates differ markedly according to local dominant forms of industry and various forms of agriculture and increase dramatically with distance from major metropolitan centres.

Organisational change in health services is closely related to shortages of health professionals, including doctors. Researchers and policy-makers have become increasingly aware that there is a serious shortage of all health professionals, including nurses, allied health professionals, pharmacists and dentists in rural and remote locations. Integrated programs of support for a broader cross-section of health professionals, increased use of IT and the establishment of 7 University Departments of Rural Health have resulted from this changing focus.

Multi-Purpose Services are combined health, aged care and community services operating to meet the agreed needs of a particular rural and remote community. By the year 2002 89 MPSs or Regional Health Service Centres will have been established in smaller country towns. The Program has enjoyed varying degrees of success. A key requirement for success is broad community consultation and the involvement of all health professionals in the area in managing the change process.

The health of older people in the bush is cause for concern. In Australia 12% of the population is over 65. In rural communities the proportion is 14% and in remote communities 16%. As in urban areas, women comprise a larger proportion of the rural older population and account for more than 70% of rural nursing home residents. Shortage of GPs, pharmacists and allied health professionals in the country makes access to services more difficult and more expensive for older people. The lack of public transport is another significant factor affecting older people's health service options in the country, reducing their ability to stay at home in smaller communities. In many cases small rural hospitals have become de-facto nursing homes to cope with those needing care.

In 1997 youth suicide in rural communities in some States increased by more than 50% over 1996 figures. 25 to 44 year olds had the highest rate, while suicide accounted for 26% of all deaths for the 15-24 year age group. Male suicides still outnumber female suicides by nearly four to one. Firearm suicides continued to decline on 1996 figures.

The health disadvantage of Aboriginal Australians begins early and continues throughout their lives. Life expectancy is 14-18 years lower for males and 16-20 years lower for females than for white Australians. Indigenous children suffer 4 times the number of deaths from road accidents and drowning and 10-12 times the number of deaths from infections and parasitic diseases compared to white Australian children. Health conditions usually associated with old age, such as dementia, diabetes, respiratory and cardio-vascular disease, affect Indigenous Australians some 20 years earlier. Only 40% of Indigenous males can expect to live beyond their 65th birthday compared with 75% of males in the non-Indigenous population.

For further information prior to the Conference please call Yvonne Cramer or Gordon Gregory on 02 6285 4660 b/h or 02 6247 5221 a/h.

NOTE During the Conference our direct lines for information or to arrange interviews will be 08 8210 6780 or 08 8210 6781