



NATIONAL RURAL  
HEALTH  
ALLIANCE INC.

## Media Release

6 August 2004

### **NRHA's Election challenge: equivalent health for people in rural and remote areas by 2020**

The NRHA has launched its Election Charter 2004. It calls on Political Parties to work on the key challenges that will bring the health status of people in rural and remote areas up to the national standard by 2020. Much has been achieved for people in rural and remote areas in the past ten years but, overall, their health is still poorer than that of their metropolitan cousins.

This 2020 target will be met through a mixture of continuing and new directions. The first three priorities, according to the Alliance, are:

- making improved Indigenous health a bi-partisan national priority that is strongly led and resourced by the national Government across all portfolios;
- shifting the emphasis of new health spending to health promotion and illness prevention, particularly for babies and children; and
- restructuring health financing around an expanded universal Medicare that provides access to primary health care to all of those with health need, including in more remote areas where there may never be local medical practitioners in private practice.

Sue McAlpin, Chairperson of the Alliance, said that the NRHA's 2004 Election Charter spells out the desired action on a number of fronts, including the social determinants of health, aged care and oral health. The Alliance continues to promote a range of initiatives for rural and remote health professionals, in which the lead has been taken by rural GPs. "We support special programs for rural doctors and they provide successful models of assistance for managers, allied health professionals, nurses and dentists," she said.

"We want the Parties to be explicit about protecting and enhancing the interests of resource-poor countries even while we go about searching for more health professionals for our own disadvantaged areas. We need to train more health care workers in this country," Ms McAlpin said.

"As far as particular illnesses are concerned, oral health and mental health are two on which we could do much better. Both are largely preventable or treatable, and both are particularly serious in rural and remote areas."

A summary of the Alliance's Election Charter 2004 is attached.

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Executive Summary  
of  
**Election Charter 2004**

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## **The State of Rural Health**

Much has been achieved for people in rural and remote areas in the past ten years but their health is still poorer than that of their metropolitan cousins.

The 34 per cent of Australians who live outside the major cities tend to have higher levels of health risk factors and somewhat higher mortality rates. They are more likely to be smokers; to drink alcohol in dangerous quantities; to be overweight or obese; to be physically inactive; to have lower levels of education and poorer access to work (particularly skilled work)<sup>1</sup>. They also have poorer access to health services - even in some of the rural places that are growing, not declining. Most health 'events' or illnesses have more adverse impacts and survival rates are poorer - largely because of the relative shortage of health professionals and the time and costs it takes to access them and the services they provide.

The 34 per cent receive nothing like 34 per cent of health resources. For example they receive about 20 per cent of Medicare rebates and are served by 15 per cent of the medical workforce - two facts that are closely related.

Some of the main occupations found only in rural and remote areas are physically risky. Travelling on country roads entails greater risks.

Finally, Indigenous Australians make up a substantial proportion of rural and, particularly, remote areas and their overall health is very poor. However the poorer health status in rural and remote areas overall affects non-Indigenous people as well as Aboriginal and Torres Strait Islander peoples.

People in rural areas make greater use of hospital emergency departments as a source of primary care and of hospital beds for aged care.

These factors all add up to higher death rates and higher rates of illness. The so-called 'excess' deaths in rural, regional and remote areas are due largely to increased heart disease, injury (including suicide), chronic lung disease, diabetes and some cancers.

Initiatives such as the Regional Health Services Program, Clinical Schools and University Departments of Rural Health, and the rural GP Strategy have been invaluable but deficits still remain. For several of these programs it is as yet early days. The Australian Government also funds what it calls "compensatory and innovative programs" for rural and remote areas, such as support for the Royal Flying Doctor Service and for the Rural Health Strategy. The latter program was re-funded at the level of \$830 million over four years in Budget 2004-05 and provides valuable services and funds.

## **A Better Direction for Health Services**

The current health financing structures tend to reflect a disease-based focus, both in relation to identifying health needs and in allocating resources. Such a focus runs counter to the international reform agenda that is placing a greater emphasis on disease prevention, early intervention and the adoption of primary health care approaches.

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<sup>1</sup> Australian Institute of Health and Welfare 2004. *Australia's Health 2004*. Canberra: AIHW.

A very high proportion of health costs in Australia is linked to potentially preventable diseases. This makes a shift towards the adoption of primary health care models of particular relevance for rural and remote Australia.

Health does not simply mean the physical well-being of the individual but refers to the social, emotional and cultural health of the whole community. Good health requires investments in living conditions and networks of care that create, maintain and protect health regardless of geographic location.

To improve health status effectively, fairly and more speedily there needs to be a focus on both distal (“at a distance”) and proximal (immediately-related) determinants.

The Alliance therefore continues to promote health-improving changes in areas like housing, employment, transport, community services, recreation, aged care, telecommunications and broadcasting, and 'citizenship services' such as those that enable participation in social, political and economic decision making - as well as in 'health services' more narrowly defined.

The Alliance calls upon governments and health agencies to ensure that the trend of health expenditures in the immediate future favours health promotion and illness prevention activity. This will require political courage, as there are strong and effective vested interests supporting more and more illness treatment. When it can the Alliance will continue to contribute to national programs and activity related to health promotion for its rural and remote constituents.

### **The Need for Reform of the Health System**

People in rural and remote areas face greater health risk factors and have poorer health. A primary health care approach is the best way to address the socio-economic and other determinants of health. A financing system that supports primary health care will therefore be in the interests of people in country areas and is strongly supported by the Alliance.

The Alliance is also a strong supporter of universal health insurance and is looking for alternative delivery models in areas where the supply of doctors and pharmacists is low.

Medicare represents a commitment to provide universal access to necessary health services. The key principle of Medicare is its universality, which underpins its ability to deliver on a range of other principles such as access, equity, efficiency and simplicity. Medicare reduces cost barriers to primary care and can help ensure that health funds flow to areas of health need. The Australian Government must provide funding for alternative first-point-of-contact assessment and treatment services in areas where there is very limited access to doctors.

Reform of Medicare is part of the overall reform of the health system and its financing that is required. Recognising that people in rural and remote areas are currently poorly served, the Commonwealth and States/Territories should consider the potential for innovative approaches to health care financing that would result in health care resources being more closely targeted to relative health need.

Major savings could be made with improved financing arrangements, and it is dysfunctional for aspects of the current system to allow blame and cost to be continually shifted back and forth between the Commonwealth and the States/Territories. Jurisdictional inefficiencies contribute to the system's failure to be patient-focused and to provide integrated care.

The Alliance is generally opposed to further moves towards a user-pays system in health. The *Strengthening Medicare* program is unfortunately reinforcing an emerging two-tiered health system through its limited incentive for doctors to bulk bill some patients but not others. Access to health services should be determined only by health need and not by ability to pay. Health financing through the tax system is equitable and progressive. It is unacceptable that poorer Australians and those with less access to services are up to five times more likely to die of a preventable disease than their wealthier compatriots.

The Alliance supports the notion of a defined package of services and access standards that should be provided to all Australians, and it believes that the means to and the cost of the set standard vary between different geographic areas. The stream of funds must be sufficient to ensure that access standards can be met for special need groups such as those with mental illness, dental problems or a disability, Indigenous people, and people in more remote areas.

Fundamental reform of the national health system is a major challenge, but all Australians have a right to access a quality health service in a timely fashion on the basis only of need.

### **Some specific proposals**

After the Election the incoming Government will be asked to commit to the target of raising the health status of people in rural and remote areas to that of their urban counterparts by 2020.

The incoming Government should explicitly declare that it will make Aboriginal health and well-being the number one national social priority. Action on this will require the Australian Government to provide ongoing leadership through every relevant agency (eg employment, community services, housing, reconciliation etc).

If people have no access to a doctor they have no access to Medicare. In areas where there is little chance of attracting sufficient private GPs, the incoming Australian Government should accept responsibility for funding necessary primary care services regardless of which suitably qualified health care professionals provide them.

The Australian and State/Territory Governments will be asked to agree to reform structures for managing and funding Australia's health system to make it more effective in addressing health inequalities and ensuring that access to services is on the basis of health need only.

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The incoming Government should adopt a strong and explicit approach to health programs and policies that favour health promotion and illness prevention by:

- giving greater attention to child and maternal health, and health related to pre-school and child care;
- giving higher priority to public health campaigns relating to smoking, weight control and obesity, alcohol, safety on the roads and in workplaces, gambling, interpersonal violence of all forms, and self-care;
- devoting more leadership, inter-governmental and inter-agency activity and resources to improving health of Aboriginal and Torres Strait Islander peoples;
- building communities through their full participation in decision making about how to manage the issues that affect them;
- addressing mental health promotion using evidence-based approaches; and
- a public health and health promotion approach to injury, accidents and self-harm which, in terms of statistical significance, account for the greatest amounts of excess morbidity and mortality in rural/remote over metropolitan areas.

The Alliance calls on the Political Parties to commit to action that will meet the challenges here that, together, will lead to the residents of rural, regional and remote areas having health that is no worse than that of people in the capital cities by 2020.