



...good health and wellbeing in rural and remote Australia

MEDIA RELEASE

20 NOVEMBER 2016

Addressing the health of rural health at the National Press Club

“A *Fairer Go* for the 7 million people living in rural and remote Australia needs to start with recognition that current funding models and programs are not working to fix the disparities that exist in rural and remote Australia,” Geri Malone, Chair of the National Rural Health Alliance (NRHA), said today.

Speaking in the lead-up to an important national address on ‘Fixing rural and remote health’, to be presented by the Alliance at the National Press Club on Tuesday 22 November, Ms Malone said “Living in the bush is great for your sense of wellbeing and bad for your health”.

“There is an enormous gap between the health outcomes of people living in rural and remote Australia compared with those living in metropolitan areas.

“If we can reduce that gap in health and wellbeing between people in rural and remote areas on the one hand, and people in metropolitan areas on the other, we can dramatically improve participation and productivity, and increase Australia’s economic growth.”

Ms Malone, along with Janine Mohamed, CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives; and Martin Laverty, CEO of the Royal Flying Doctor Service, will address the National Press Club as members of Council of the NRHA. The three rural health leaders will outline a plan to improve the health and wellbeing of the 7 million people living in rural and remote Australia.

“We know what the problems are and we know what needs to be done. We need a national commitment to address this health deficit,” Ms Malone said.

“And a big part of that is about governments working together, with communities, to address the challenges we face in attracting and retaining the right health workforce.”

Innovation is a popular contemporary term and there are none so innovative as people of the bush. Usually born of necessity, they find ways to make things work that suit their community and that applies equally for the health workforce as well, but there are many barriers to implementation, usually bureaucratic ones.

“Governments divide the workforce through funding models and programs, create infrastructure that is often unwieldy, which results in duplication of some services and a huge void in others.

The National Rural Health Alliance is Australia’s peak non-government organisation for rural and remote health. Its vision is good health and wellbeing in rural and remote Australia.

2.

“Access to health services and care is reliant on a workforce, not on any one professional group but a team whereby the Aboriginal and Torres Strait Island Health Worker, the Aged Care Worker, mental health professional, optometrist, dental worker, volunteer Ambulance person, speech therapist, exercise physiologist, nurse, and others as needed, is as equally vital to health services as is the doctor.

“The health workforce is determined, or rather it should be, by the needs of the community and the service delivery model required to meet the needs.

“One size, one approach, does not fit all,” Ms Malone said.

For information about the Address, including purchasing a ticket visit <http://ruralhealth.org.au/conferences>

Media Enquiries: Geri Malone, Chair, National Rural Health Alliance
0409 899 050
David Butt, Chief Executive Officer
0411 474 912

The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health. Its vision is good health and wellbeing in rural and remote Australia.