



NATIONAL RURAL
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**Submission in response to the
Green Paper on Developing Northern Australia**

15 August 2014

This Submission is 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.

Submission in response to the Green Paper on Developing Northern Australia

Introduction

The National Rural Health Alliance (the Alliance) is committed to improving the health and wellbeing of the more than 6.7 million people of rural and remote Australia. As is emphasised in the Green Paper, the successful and sustainable development of Northern Australia will contribute to the health and wellbeing of the people in the region, and indirectly to all Australians.

Although it is a health body, the Alliance has a strong and ongoing interest in the determinants of health and wellbeing in rural areas, beyond health services in the more narrow sense. The economic and social development of Northern Australia are important to the Alliance and its constituents on a number of fronts including, for instance, those relating to employment, infrastructure, contribution to GDP, Aboriginal and Torres Strait Islander issues, human services, education and transport.

The main thrust of the Alliance's submission¹ to the Joint Select Committee on the Development of Northern Australia was that the development of Northern Australia will not happen effectively or in a sustainable fashion without due consideration being given to the need for health services to be provided to the people who will design, drive and maintain that development.

We note the reference in the Green Paper to social infrastructure as "schools, hospitals and public open spaces". We also note that the Green Paper is structured around six broad policy directions. It is our belief that the development of social infrastructure, in parallel with physical infrastructure, is so important that it ought to be a seventh key broad policy focus for the White Paper planned for the future.

In this submission, the Alliance provides comments from the perspective of social infrastructure, including services for health and wellbeing, around some of the key questions raised in each Section of the Green Paper:

- A. Profile of Northern Australia
- B. Opportunities for Northern Australia
- C. Barriers to Development
- D. Policy Directions.

The Alliance's earlier submission to the Select Committee included a number of references to relevant findings and recommendations from the biennial National Rural Health Conferences. The next in this series of influential events is being held in Darwin in May 2015 and provides the opportunity for further consideration of matters relating to the development of the North. We would be pleased to discuss the possible contribution of the 13th National Rural Health Conference to policy issues relating to the development of Northern Australia.

¹ National Rural Health Alliance. Submission to the Joint Select Committee on Northern Australia. 21 March 2014. Viewed 14 August 2014. <http://www.ruralhealth.org.au/policy-documents-list/submissions>

Whether or not this opportunity leads to some engagement between the Alliance and those responsible for preparation of the White Paper, we are keen to remain involved in any way we can with this important national issue.

Response to the Green Paper

A. Profile of Northern Australia

The Alliance welcomes the recognition in the Green Paper of the major contribution that health care and social assistance makes to the northern economy, accounting for around 11 per cent of all employment across the north in 2011 – the highest of all the industry groups.²

The Green Paper also notes the major role played by the public sector in the northern economy. The combination of health care, social assistance, education and training, and public administration and safety accounts for almost 30 per cent of total employment across the north.

The principle of maximising the contribution of the private sector to the development of Northern Australia is recognised and understood by the Alliance. At the same time, the Alliance urges further analysis of the role of the public sector in building and maintaining the social infrastructure which will be absolutely essential.

The Green Paper notes that 102 (14 per cent) of Australia's 726 public hospitals and only 3.4 per cent of Australia's 597 private hospitals are in northern Australia, but most of these hospitals are in the more populous area of Northern Queensland. While these numbers could indicate an ample supply of public hospital services for the 5 per cent of the population that live there, this is not the case. The challenges of road and air transport across the north of Australia (acknowledged in the Green Paper) combined with seasonal challenges such as floods and cyclones mean that these existing hospitals will go through periods when they struggle to provide health services even within their local catchment area, let alone contribute to healthcare across northern Australia more broadly.

The patchy, limited communications infrastructure across northern Australia (also noted in the Green Paper) has an important bearing on the capacity of services based in central places, such as hospitals, to cover the needs of both that central place and the surrounding district. In the health sector, for instance, it cannot be assumed that telehealth, mentoring and support for remote health professionals or even mobile phone coverage will be available across the north.

Effective and efficient health care has a strong focus on primary care – clinical intervention for diagnosis, management and care as close to home as possible – and early intervention. These improve health outcomes and minimise the need for costly hospital visits.

Given the workforce shortages and the logistical and financial implications of large distances, it is difficult to provide primary care for people in the far-flung parts of rural and remote Australia. This puts more of the burden on hospitals and increases health care costs overall, and results in poorer health in general for the people of such areas. This is the current

² [Green Paper on Developing Northern Australia](#). Figure 5. Northern Australia employment by Industry (2001-2011) Source: ABS, 2011. Census of Population and Housing. Australian Bureau of Statistics, Canberra.

situation in more remote parts of Australia everywhere. Appropriate development of social infrastructure within the plan to develop Northern Australia has the capacity to overcome some of these generic challenges.

The distribution of professionals, including those in the health, aged, community services and disability care sectors, will be a major challenge for the development of Northern Australia. The Green Paper notes that the prevalence of health workers, including general practitioners, nurses, dentists, pharmacists, optometrists and psychologists, is lower across northern Australia (1,835 per 100,000 people) than Australia as a whole (2,017 per 100,000).

Historically, the Commonwealth has taken a substantial role in primary care and in matters relating to the health workforce, particularly for under-served remote areas, including across much of northern Australia. The jurisdictions have responsibility for managing public hospitals, but more specialised health care is often provided from or by services in Perth, Brisbane and Adelaide and other capital cities. It will be important to recognise that even with successful development of Northern Australia there will still need to be appropriate links and relationships made with services and facilities to the South.

The social infrastructure developed in the North will need to be large enough and flexible enough to cater for the reality that the populations to be serviced will fluctuate with the seasons and key economic variables (international prices for goods and services; exchange rates). Health and community services in a particular northern centre may well need to accommodate the fact that the population to be serviced will consist of those who live permanently there and those who fly in and fly out.

A recent report from PHCRIS has examined the extent to which Fly-in Fly-out and Drive-in Drive-out (FIFO/DIDO) groups are placing a burden on health services in particular areas. Based on published data and company input, there are at least 50,000 mining FIFO/DIDO workers (and possibly as many as 100,000) on-shift in rural and remote regions of Australia at any one time.

Even this number is dwarfed by the number of so-called grey nomads, estimated to be around 400,000, travelling in more remote areas - primarily during the winter months. To these should be added an estimated 37,000 backpacker seasonal workers (as recorded during the period from 2007-2008); and an agricultural industry need for 93,000 'marginally attached' workers (data from 2008).³

In efforts to develop the health and related service sectors of Northern Australia, there are many successful case studies to build on and much accumulated wisdom. It will be important for those planning and managing health, aged care, disability care and community services to learn from the best models of service delivery already operating in remote areas, many of which are in the North. Although data are insufficient in some respects, plenty is known about the characteristics needed for success. Very often the shortage of professionals in the area (health, aged care, disability care etc) is the first-order constraint on the establishment

³ Erny-Albrecht K, Brown L, Raven M, Bywood P. (2014). Fly-in Fly-out/ Drive-in Drive-out practices and health service delivery in rural areas of Australia. PHCRIS Policy Issue Review. Adelaide: Primary Health Care Research & Information Service. Viewed 14 August 2014
<http://www.phcris.org.au/publications/policyreviews/report.php?id=8425>

and operation of what is known will work in more remote areas. The Green Paper's references to "workforce availability and skills" are therefore very welcome.

Recommendation:

The Alliance recommends the development of a cross-jurisdictional plan for 'social infrastructure' to be built and maintained as part of the development of Northern Australia.

The States, Territories and the Commonwealth must collaborate to ensure that progress with the development of Northern Australia recognises and accommodates the health, aged and disability care needs of people living in the region permanently, as well as those who are in such regions on a transitory basis. This action on social infrastructure must result in a system capable of coping with fluctuating populations, fair transport and accommodation allowances for sick people and their carers, health promotion and preventive health initiatives, cross-sectoral projects on human and environmental wellbeing, inter-professional education for students, and well co-ordinated research on various aspects of the social infrastructure for remote areas.

B. Opportunities

The Alliance has a strong interest in the environmental or ecological sustainability of rural and remote Australia, including how these will be affected by climate change. We remain firmly of the view that the development of Northern Australia should make a contribution to mitigating the world's difficulties relating to overpopulation and the maldistribution of natural resources – not exacerbate these.

Climate change has been identified as the greatest public health threat of the 21st century (Lancet 2011), as well as threatening agriculture and therefore rural economies. Many of the industries, businesses and geographic areas bearing the brunt of climate change are in Northern Australia. However these same areas have the opportunity to be the geographic bases for a range of growing and new industries related to the mitigation of the effects of climate change. The Green Paper refers to the economic potential of energy, "including potential in gas and renewable energy" (p.xii).

The development of Northern Australia, particularly if undertaken to the extent envisaged by some of the more optimistic scenarios, has the capacity to impact significantly on the distribution of resources in Australia.

It is already the case that where such things as doctors, pharmacists and dentists are concerned, Australia has a distribution problem not an overall shortage. Should additional population centres in Northern Australia become large enough and wealthy enough to attract health and other professionals, the shortages in smaller and less dynamic economies and communities to the south may become worse. That is, they will become worse unless public authorities address the need to redistribute such human resources, and initiate policies that will succeed in persuading some professionals to move from over-serviced metropolitan areas to other communities.

The successful development of Northern Australia can play a major role in underpinning further national economic growth - adding to a national economic record which is already unmatched by almost any other country in the world. However, economic growth alone is an unsatisfactory measure of a nation's success. The Alliance is among the bodies that believe that the *distribution* of the benefits of economic growth is a critical matter especially when, as is the case in Australia, the divide between rich and poor is becoming wider.

Successful development of the North will also see cities already in the area – Darwin, Townsville, Mt Isa, Broome - become larger regional centres. This will raise the matter of how such centres reach out to provide services to smaller communities in their area, already a major issue in many parts of Australia and one where there is a good understanding of what is required for success.

As the Alliance pointed out in its earlier submission to the Select Committee, the health sector is necessary both for providing service to other sectors and also as an employer in its own right. The *Health care and social assistance* industry employed the greatest number of people (1.3 million persons or 11.4 per cent of total employment) in Australia in 2010–11. As noted in Section A of this submission and the Green Paper, that sector was one of the top employment groups for northern Australia.

Recommendation

A sustainable and viable health industry must be developed to sustain the development of other industries in northern Australia, including the primary industries (including tourism) which are likely to be the foundations for the additional economic activity envisaged.

Investment in health services as economic benefits beyond those related to keeping people healthy, and goes well beyond employing health professionals and building health centres. Growth in the *Health care and social services* industry also helps to underpin construction, a range of other service jobs such as catering, cleaning and personal care, as well as business opportunities including management, information technology and more. The Green Paper refers to the desirability of diversifying the economic base of Northern Australia, and health services investment will assist with this.

C. Barriers

Some of the characteristics of communities of the North after development will remain as they are today. They will include a relatively high turnover of health professionals; fluctuating populations due to work practices, seasonal industries and tourism; high proportions of Aboriginal and Torres Strait Islander people; disaster-affected areas; and a dearth of ‘early adopters’ to win support in competitive funding rounds.

Large distances and the maldistribution of health professionals and others sometimes necessitates fly-in, fly-out (FIFO) services. If FIFO becomes the preferred means of providing service to some of the communities in Northern Australia, it will be important to recognise the costs and benefits for the communities in which the FIFO workers are employed, the communities from which they come, and the individual family members who spend the majority of their time in either one place or the other. This is an issue of ongoing concern on which there is still incomplete and some conflicting evidence.

It is important that Northern Australia remains a test bed for the launch and evaluation of novel approaches to health-related services and research activities.

For instance, successful implementation of a personally controlled electronic health record would assist the growth of communities in more remote areas, as would adaption of various telehealth systems. The premise for much of the activity in such tech-heavy areas is access to high-speed broadband and that is the sort of underlying service issue which will help determine economic and demographic growth.

Good connectivity, including through high speed broadband, is essential for households and businesses, for commerce, recreation and communications as well as for health services. Equal lifetime opportunities on all these fronts for people in more remote and other hard-to-connect areas can only be assured through equal access to broadband and improved support for mobile telephony. The Broadband for the Bush Forum Communiqué 2014 recommended a dedicated communications strategy for remote Australia and provided a context that is highly relevant to the development of northern Australia.

“For remote and rural Australia to participate successfully in the national and global digital economy, a targeted strategy is required. It should be recognised that policies and strategies aimed at the majority of Australians who live in major cities are not appropriate for remote and rural Australia where there is market failure and very different circumstances. The strategy should not be restricted to broadband only and should encompass:

- The expansion of mobile coverage
- Getting digital infrastructure right – both the rational use of existing infrastructure and expanding infrastructure
- Smart last mile solutions for small towns and communities
- Affordable pricing for mobile calls in remote and rural Australia
- Improved digital literacy
- Good research and evaluation to underpin remote communications policy
- Improving Indigenous communications programs.”⁴

Very significant infrastructure challenges remain unsolved in Northern Australia, which sees a significant number of people with poor internet access and mobile telephony. By whatever means, people in all parts of Australia must have access to high speed and reliable connectivity, for both fixed and mobile devices, at a common and affordable price. It is most important that households and businesses in the 'difficult 7 per cent' receive priority in the scheduling of connections, and a substantial number of this 7 per cent will be in the North.

Affordable, quality housing is vital for the attraction and retention of skilled professional staff and their families to developing communities. The reality is that housing costs are already high Northern Australia and further development in the region will exacerbate this. Provision of the critical services associated with housing, such as drinkable water, road networks and telecommunications connectivity, are also key determinants of the sustainability of communities.

⁴ Broadband for the Bush Forum III Communiqué. July 2014. <http://broadbandforthebush.com.au/wp-content/uploads/2013/05/Broadband-for-the-Bush-Forum-III-COMMUNIQUE-July2014.pdf>

Existing housing in remote locations is often old or ‘transient’, expensive to maintain, inappropriate for the climatic conditions and often in short supply. More remote regions such as the Pilbara in Western Australia have experienced persistent housing shortages for more than a decade. Appropriate housing for Aboriginal and Torres Strait Islander employees needs to be available in conjunction with employment opportunities for them in remote places.

Targeted investment in transport infrastructure will not only improve rural people’s access to health care but also generates a range of other benefits.

Recommendation

Northern Australia is well-placed to contribute to the nation's leading place in the world in relation to technical innovation to support health service delivery in remote and challenging conditions. In so doing, it must ensure that its own citizens have first-rate access to services based on such innovative systems – and the communications and health service infrastructure needed to sustain them.

D. Policy Directions

Infrastructure, land, water

One of the main hopes for Northern Australia is that it can become a major source of food - both for Australia and for export. A number of climatic and biological constraints will need to be overcome for this to occur. When this aspiration does prove real, it is critical that the new food bowl looks after its own people as well as those fed by export markets. This will help turn around the situation in which it is the people of rural and remote areas whose health and wellbeing are worst affected by the high price of fresh food and by food insecurity.

Recommendation:

Local food production for local people should be a priority in the development of Northern Australia. Entities growing food or managing its local production and distribution could include health services, schools and other local businesses and organisations.

Education, research and innovation

The development of northern Australia and its people will require an educated and healthy workforce. Education and health are the keys to economic development and individual advancement. High quality pre-school, primary and secondary schooling lay the basis for higher education. Increased education and training opportunities through regional universities and vocational training facilities will be essential.

Northern Australia already includes major health research centres at the Menzies School of Health Research, James Cook University in Townsville and University of Western Australia in the Kimberley. Rural and remote health researchers in the University Departments of Rural Health and the Rural Clinical Schools will be important contributors to collaborations with State and Territory public health experts when it comes to public health issues that have particular impacts on health in rural and remote communities. Major health research centres

will also be critical contributors to building capacity in health services research and health economics to understand and assist translation and to evaluate health system innovation as it applies to rural and remote settings, including Northern Australia.

The Alliance is particularly struck by the reference in the Green Paper to 'tropical knowledge'. This and all that it connotes can give the educational sector in Northern Australia some comparative advantage that can be translated into significant commercial opportunities across the globe.

Relatively small research teams located in rural and remote areas are already punching well above their weight where the national health and medical research effort is concerned. Their location in rural and remote areas provides them with the advantage of detailed local knowledge, the authenticity which can only come from lived local experience, and the sort of inter-professional collaboration which is a natural corollary of small numbers of individuals being involved in health issues locally. The close personal and environmental relationship between research problem and researcher improves the effectiveness of the research.

Further investment in high quality research will underpin the academic strength of regional universities and training. Industries and institutions that are committed to the development of Northern Australia are likely to be more committed to invest in health research that is relevant to the region, as well as to its implementation into policy and practice.

Business, trade and investment

Currently the vast majority of health services in Northern Australia are provided through the public sector. However, given sufficient growth and economic advancement, this situation could change. Large communities in Northern Australia could expect to provide market opportunities to private hospitals and a range of fee-for-service practitioners. People in the region would then be expected to invest more heavily than is currently the case in private health insurance.

Those concerned with the long-term development of Northern Australia will need to be conscious of the impact of national social policies. For instance, requirements imposed on unemployed young people are likely to have consequences both for those young people already in Northern Australia and those who might consider moving there. Other significant national programs such as the development of the National Disability Insurance Scheme will provide opportunities for positive social and economic developments, including in the North.

Another resource that should be drawn on in the development of Northern Australia is the arts. The arts provide not only a basis for jobs and income but also are a force for community development, a means of communicating important messages, and a direct source of therapy. Some of the most inspiring examples of 'arts in health' have come from Northern Australia and draw on the Aboriginal and Torres Strait Islander culture. The National Framework for Arts and Health was endorsed by both Arts and Cultural as well as Health Ministers in November 2013.⁵

⁵ Meeting of Cultural Ministers. National Arts and Health Framework. 2013.
<http://mcm.arts.gov.au/national-arts-and-health-framework/>

Governance

The Northern Australia Strategic Partnership, including the Prime Minister, Deputy Prime Minister, Premiers of QLD and WA and the Chief Minister NT, is no doubt an important first step in a coordinated approach to the development of Northern Australia.

The development of the White Paper on the Reform of Federation will provide another opportunity to consider and agree on the respective roles of the Commonwealth and the States/Territories, including in the development, funding and management of the enhanced social infrastructure required for Northern development.

The Alliance welcomes the significant importance attached in the Green Paper to engagement with the people of Northern Australia about developing the region in which they live and work.

Conclusion

The people, communities and industries of Northern Australia already make a major contribution to Australia and, if appropriately managed, their further development will be a boon to national wellbeing.

The health sector is a key industry in Northern Australia, with cross-sectoral and cross-jurisdictional aspects to it and considerable potential for growth. Whatever the speed and destination of the development of Northern Australia, people will be involved and health services will be needed in order for those who live in the region to have health which is no worse than that of people in the major cities of Australia's southern States.

However in a region like Northern Australia, health is not a stand-alone sector. There are particular synergies to be gained in rural and remote areas through effective investment in the people who serve across the health, disability care and aged care sectors: the administrators, utility workers, caterers and care workers as well as the health professionals.

One of the greatest possible contributions of the development of Northern Australia would be to contribute significantly to closing the gap between Indigenous and non-Indigenous wellbeing. The whole range of policy areas canvassed in this paper - economic development, health and wellbeing, education, information technology, transport - will need to contribute if there is to be a realistic equalisation of the life chances of Indigenous and non-Indigenous people.

Perhaps the only contribution that could rival this in value and importance would be further development of the capacity of Australia's health and related professions, from the springboard provided by Northern Australia, to reach out to PNG, East Timor and the Pacific where the health deficit is so vast.

MEMBER BODIES OF THE NATIONAL RURAL HEALTH ALLIANCE

ACEM (RRRC)	Australasian College of Emergency Medicine (Rural, Regional and Remote Committee)
ACHSM	Australasian College of Health Service Management
ACM (RRAC)	Australian College of Midwives (Rural and Remote Advisory Committee)
ACN (RNMCI)	Australian College of Nursing (Rural Nursing and Midwifery Community of Interest)
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare and Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANMF	Australian Nursing and Midwifery Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
APS	Australian Paediatric Society
APS (RRPIG)	Australian Psychological Society (Rural and Remote Psychology Interest Group)
ARHEN	Australian Rural Health Education Network Limited
CAA (RRG)	Council of Ambulance Authorities (Rural and Remote Group)
CRANApplus	CRANApplus – the professional body for all remote health
CWAA	Country Women's Association of Australia
ESSA (NRRC)	Exercise and Sports Science Australia (National Rural and Remote Committee)
FRAME	Federation of Rural Australian Medical Educators
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
IAHA	Indigenous Allied Health Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRF of RACGP	National Rural Faculty of the Royal Australian College of General Practitioners
NRHSN	National Rural Health Students' Network
PA (RRSIG)	Paramedics Australasia (Rural and Remote Special Interest Group)
PSA (RSIG)	Rural Special Interest Group of the Pharmaceutical Society of Australia
RDAA	Rural Doctors Association of Australia
RDN of ADA	Rural Dentists' Network of the Australian Dental Association
RFDS	Royal Flying Doctor Service
RHWA	Rural Health Workforce Australia
RIHG of CAA	Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia
ROG of OAA	Rural Optometry Group of the Australian Optometrists Association
RPA	Rural Pharmacists Australia
SARRAH	Services for Australian Rural and Remote Allied Health
SPA (RRMC)	Speech Pathology Australia (Rural and Remote Member Community)