

Special NRHA eforum 15 August 2007

Welcome to this special edition of the NRHA's fortnightly eforum. It summarises some of the business from the annual face-to-face meeting of the NRHA's Council, including information about the priority issues taken to Parliament House on Thursday 9 August.

NATIONAL PLANS FOR RURAL AND REMOTE AREAS - AND FOR HEALTH

In a media release issued on Monday 13 August, the NRHA called on political parties to commit to a national plan for rural and remote communities - and to a new national plan for the health sector.

"There are plenty of opportunities for short-term solutions to the problems facing people in rural and remote communities," according to Professor John Wakeman, Chair of the NRHA. "But it is vital that governments approach change in the context of an agreed long-term plan for rural and remote communities and for the health sector," he said.

The full text of the media release is below.

THE SIX KEY PRIORITIES

The Alliance is seeking clear undertakings from all political parties in support of rural health. The NRHA will develop a scorecard and evaluation of the parties on each of these issues and provide it to rural Australians at an appropriate time prior to the Election.

1. An inquiry into the key issues affecting the sustainability of Australia's rural and remote communities to be conducted by an independent body such as the Productivity Commission.
2. Development of a national health policy to address key issues such as:
 - the role of the Commonwealth in areas of the health sector that are currently the responsibility of the States, such as public hospitals; and
 - effective measures to address the acute and worsening maldistribution of health professionals away from rural and remote areas.
3. Augmentation of the multipurpose health infrastructure in towns of less than 7,000, involving all levels of government (including direct Commonwealth funding) and, where appropriate, local funds pooling such as currently exists with the Multi Purpose Services (MPS) scheme.
4. A clear commitment to transforming the current NT Indigenous health initiative into long-term, well-funded national programs involving consultation with community and Indigenous leaders.
5. The provision of oral and dental health services to rural Australians - and a better dental workforce.
6. Improved rural-based training through extending the number of rural scholarships for health professionals, particularly in nursing and allied health fields, and through a national rural placement scheme.

NRHA calls for political commitments

1. The Alliance calls on the political parties to commit to establishing an **inquiry into the sustainability of Australia's rural and remote communities** by an independent body such as the Productivity Commission. The inquiry would also canvass policies and programs to enhance both the sustainability of these communities and the resilience of their people. People in rural and remote areas are subject to an unprecedented level of uncertainty from economic, climatic and political sources, and many of them are unable to access the health services and health professionals they need.

2. The Alliance seeks a commitment to develop, in collaboration with the States, a **national health policy** to address the responsibilities of governments in health and, under it, a **national health action plan**. The national health policy would provide the framework for governments' involvement in the health sector, and the plan would (among other things) improve the distribution of health services and health professionals in Australia, including to rural and remote areas.

The new national health plan would accommodate existing strategies for particular population groups, including Aboriginal and Torres Strait Islander people and people with poor mental health, as well as new plans for a national approach to health promotion and illness prevention.

One such plan 'nested' in the national health plan would be for rural and remote areas. The national rural health plan could be put in place following evaluation of *Healthy Horizons*, the current national framework for rural and remote health. [Note: it has recently been agreed that the Rural Standing Committee of AHMAC will work with the NRHA to evaluate *Healthy Horizons*. The NRHA welcomes this opportunity to be involved with the States and the Northern Territory in development of future strategies for rural and remote health.]

A national approach to the planning of health services, and the rural health action plan, would help improve the match between service models and the characteristics and needs of particular rural and remote places. Notwithstanding the flexibility required, the Alliance believes there should be a systemic rather than piecemeal approach to health service systems in rural and remote areas. Many of the characteristics of health services that work well in rural and remote areas are known.

3. The Alliance calls for political commitment to overcome the shortage of **integrated primary health care services in towns of less than 7,000 people**. There are many small towns in which it is not economically or clinically sensible to sustain stand-alone facilities. Currently there is a range of programs funded by the Commonwealth and the States to provide services to towns of less than 7,000 people (and, in the case of the Multi-Purpose Services program, towns of less than 4,000). They include the Regional Health Services program and the Rural Medical Infrastructure Fund (the latter in DoTARS). Despite these programs, the shortage of 'multipurpose infrastructure' (clinic buildings, staff accommodation, IT services) is a barrier to the provision in such small towns of primary health care delivered by integrated teams.

The Alliance calls on political parties to commit to a collaborative effort with the States, which might be in the context of the negotiations for the next round of Australian Health Care Agreements, to overcome these infrastructure barriers in small country towns. It should result

in both the Commonwealth and the State contributing resources for infrastructure, including through the sort of localised 'funds pooling' that already occurs with the Multi-Purpose Services program.

4. The Australian Government must **transform the emergency intervention** in the Northern Territory into the first stage of bipartisan, long-term and well-resourced national work, across all departments and governments, to improve Indigenous health throughout the nation to achieve equal health within a generation.

The Alliance supports calls for \$460 million extra per year (on top of the special commitments for the Northern Territory). This is the AMA/Access Economics estimate of the current annual shortfall (eg through the MBS, the PBS and primary and acute care services) between the amount currently spent on Indigenous health and what should be spent, given the state of health of many Indigenous people.

The additional resources would be used for both increasing the capacity of Indigenous communities (infrastructure, housing, IT, workforce) as well as for more immediate augmentation of primary health care services. The range of purposes to which the money would be put has been outlined in the *Close the Gap* campaign and includes additional support for developing the Indigenous health workforce; for Indigenous community controlled health services; to improve the accessibility of mainstream health services for Indigenous peoples; for an urgent focus on early childhood development, maternal health, chronic illness and diseases, and family services; and for the building blocks of good health such as awareness and availability of nutrition, physical activity, fresh food, healthy lifestyles, adequate housing and the other social determinants of health. The available resources should also see recommitment to the Primary Health Care Access Program, which is highly valued in many areas.

5. All political parties should commit to a significant national **investment in better oral and dental health**. The commitment would include resources for oral and dental health checks for all those with poor access to fee-for-service dentists [rural areas should receive one third of the \$160 million that would be committed nationally in the first year], additional dental and oral places in tertiary education, undergraduate scholarships for people from rural areas to study dentistry and oral hygiene, and a dentists' relocation incentive program. Note: The Australian Dental Association has estimated that the annual cost of necessary dental care being claimable on Medicare would be in the order of \$10 billion.

6. The Alliance calls for commitment to two other modest initiatives to improve health workforce supply in rural and remote areas:

- o the extension of **scholarships for rural people** to study nursing and allied health at undergraduate level so that, within five years, the same proportion of rural scholarships to students is available in all professions; and

- o an integrated **national rural placement scheme**, and an augmented network of University Departments of Rural Health to support that scheme.

MEETINGS WITH MINISTER ABBOTT AND SHADOW MINISTER ROXON

Council of the NRHA met on Thursday 9 August with Health Minister Tony Abbott. The Minister repeated his view that the Commonwealth is performing well in service provision to rural and remote communities, while State-funded services are deteriorating. He said that he is resistant to giving more money to the States for services over which the States will have control.

The Minister said that the government sees the value of the Rural Clinical Schools, the University Departments of Rural Health, rural scholarships, and allied health item numbers. He suggested that these would continue to be built up in future.

He asserted that in a town of 10,000 people the fee-for-service model can work well. It is his view that "fundholding should only be used in towns that are too small to support fee-for-service".

Minister Abbott acknowledged that dental services are a big problem. The allied health measure for dental referrals will become available from 1 November. He suggested that it might not take off as quickly as the mental health initiatives, but within a couple of years the allied health/dental health measure "will be a very important part of Medicare".

In response to the concerns about the new mental health initiative attracting more psychologists to private practice and to city areas, the Minister speculated that there could be a relocation fee for allied health professionals to practise in rural areas.

In its meeting with Shadow Minister Nicolas Roxon, Council of the NRHA affirmed its current priority issues. The Shadow Minister suggested ways and means in which the Alliance could advance its proposal for a national inquiry into the sustainability of rural and remote communities, and appreciated the reasons behind the push for a national health policy.

Ms Roxon reiterated the ALP's commitment to oral and dental health and its determination to find ways to increase national investment in health promotion and illness prevention. She indicated that further details of the Opposition's policies related to health would be released in the election campaign and expressed gratitude for the work done by the NRHA to assemble information and ideas related to rural and remote health.

The Shadow Minister also restated Labor's commitment to Indigenous health, and spoke about the Indigenous early childhood package - which has a big focus on child and maternal health services - announced by the Leader of the Opposition earlier this year.

THE HEALTH OF REFUGEES IN RURAL AND REMOTE AUSTRALIA

During its annual Council meeting in Canberra, the NRHA held a public seminar on the health and well-being of refugees in rural and remote Australia.

Following a welcome to country by Matilda House, Sundram Sivamalai, Chair of the Regional Advisory Committee of the Federation of Ethnic Communities Councils of Australia (FECCA), described some of FECCA's concerns about the settlement of refugees in rural and regional areas. Such areas can be terrific new homes for international refugees but for this to

be the case, special support programs, local capacity building and local engagement and support are all required.

In his address, Daniel Boyer, an officer in the Department of Immigration and Citizenship, described the role of the Integrated Humanitarian Settlement Strategy (IHSS), particularly as it affects refugees moving to rural and regional areas. IHSS helps refugees by providing specialised services on a needs basis (case coordination, referrals, logistical support, accommodation, short-term counselling) and helping clients gain access to mainstream services. Daniel also briefly described the health checks undertaken offshore and upon arrival, and alluded to the difficulty of having all relevant sectors in Australia coordinating their efforts.

In his first presentation, Mitchell Smith spoke as a Member of the Royal Australasian College of Physicians Working Party on Refugee Health. He enunciated the goals, principles and operation of the RACP's agreed policy on the health of refugees, and commended it as administrative and useful document for other professions. (The RACP's document is *Towards better health for refugee children and young people in Australia and New Zealand, the RACP perspective*; accessible at www.racp.edu.au)

Dr Smith then presented a brief description of the services of the New South Wales Refugee Health Service which he heads. Although it is based in western Sydney and receives much of its casework from people in that area, it also deals with people settled in rural and regional areas and is able to provide support to the local refugee health services in such areas.

A case study in the provision of such regional support was provided by Geraldine Duncan, a general practitioner from Wagga Wagga, who described the work with refugees with which she is centrally involved.

Penny Egan-Vine, a trauma counsellor working with refugees in the Albury area, painted a vivid word picture of the circumstances facing refugees, including in particular those who settle in rural and regional areas. The realities to which Dr Vine referred were then made powerfully and personally real through the contributions of Constance Okot and Susan Moi, both of whom described their personal journeys from The Sudan to the Riverina. Both Constance and Susan described some of the personal trauma involved in their respective stories, with Constance emphasising the importance of personal and family support along the way, and Susan using women's health as a particular case study in the delivery of care which can be either most appropriately or most inappropriately delivered.

The seminar ended with a panel session in which there was discussion of some of the lessons to be drawn from the case studies and information presented.

The proceedings from this seminar will be available soon on the NRHA's website.

NEW BOARD FOR THE NRHA

At the NRHA's 16th Annual General Meeting, held on Friday 10 August, Professor John Wakerman was re-elected Chairperson for another year. John is director of the Centre for Remote Health in Alice Springs.

Other people elected or re-elected to the NRHA's Board for 2007-2008 are:

Jenny May - Deputy Chairperson

Owen Allen - Secretary

Pauline Wardle - Honorary Treasurer

Sue McAlpin - Immediate Past Chairperson

Sophie Heathcote - Ordinary Member

Irene Mills - Ordinary member

Lesley Young - Ordinary member

MEDIA RELEASE

13 August 2007

CALL FOR NATIONAL RURAL AND REMOTE AREA HEALTH PLAN

The National Rural Health Alliance (NRHA) has called on political parties to commit to a national plan for rural and remote communities - and to a new national plan for health.

"There are plenty of opportunities for short-term solutions to the problems facing people in rural and remote communities," NRHA Chair, Professor John Wakerman, said today. "But it is vital that governments approach change for rural and remote communities in the context of an agreed long-term plan," he said.

"There is no sense in introducing new models for health service delivery in small communities without any guarantee they will continue to exist," Professor Wakerman said.

"We need a broad independent national enquiry into the sustainability of rural and remote communities - how services are to be provided in areas of rapid growth and what support and compensation will be provided in communities that are not prospering. Many of those in the latter category are still suffering the effects of extended drought."

The NRHA has proposed a similarly long-term strategic approach to health services.

"We would like to see a national health policy and, within it, a national health plan that includes rural and remote components," said Professor Wakerman.

The plans must be agreed collaboratively between governments and have significant input from consumers and health service providers. They would clarify the role of the Commonwealth in areas that are currently the responsibility of the States, such as public hospitals, and provide the basis of measures to address the serious shortages of health professionals in rural and remote areas.

The NRHA also seeks a commitment from political parties to transform the current NT Indigenous health initiative into long-term, well-funded national programs involving ongoing consultation with community and Indigenous leaders.

The provision of oral and dental health services to rural Australians - and a better dental workforce - remain on the Alliance's list of key issues as discussed with parliamentarians in Canberra last week. Other issues discussed were ways to increase the supply of health professionals to rural areas through rural scholarships for nursing and allied health; a national rural health undergraduate placement scheme; and building up the multipurpose health infrastructure in smaller country towns.

The NRHA intends to evaluate the election proposals of the major parties against its priorities and provide the results to people in rural and remote areas prior to the election.

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