



NATIONAL RURAL HEALTH ALLIANCE INC

Media Release

22 October 2003

'Yes' to Improved Medicare and 'No' to Telstra Sale

An improved Medicare package and opposition to the further privatisation of Telstra are key issues currently being promoted by the Alliance.

Council of the Alliance, led by new Chairperson Sue McAlpin from Wagga Wagga, met with Federal Parliamentarians last week. All Councillors advocated strongly for a patient-centred approach to health policies and programs, supported by a robust, well-educated and sustainable workforce.

Appropriate infrastructure is fundamental to the delivery and achievement of health and wellbeing for country people, a message that was strongly reinforced by all Councillors when they met recently. "There are many current issues impacting on the health of people in remote and regional areas," Ms McAlpin said. "They include the big-ticket items like Medicare, Telstra and professional indemnity. There are nine issues at the top of our current agenda. We would like them considered in the context of the Budget being prepared for May 2004 and the Federal Election to be held sometime during 2004 or early 2005."

Medicare and Health Care Reform

The Alliance does not support the government's current Medicare package. We are pleased to know that the Government is considering changes to the package. Hopefully it will use this as an opportunity to take the lead in the healthcare reform that was widely discussed during the recent negotiations over the Australian Health Care Agreements.

The Regional Health Strategy

This is the centrepiece of the Australian Government's current funding for rural and remote health. The programs in the Strategy are currently being reviewed. The Alliance seeks an evidence-based commitment to refunding of these programs in Budget 2004.

Workforce

Country areas are particularly dependent on overseas trained doctors (OTDs). There is currently insufficient support for OTDs and the Alliance intends to lead efforts to

provide them with additional support. The Alliance welcomes the scholarship schemes for rural people to study health sciences and would like to see them extended to greater numbers of nurses and allied health students.

Consideration should be given to extension of the scheme under which HECS exemption is provided to health science students from particular localities and/or in return for service in particular areas of workforce need.

The professional indemnity issue affects specialists, procedural GPs, midwives, nurse practitioners and a range of other non-medical practitioners and services, including private hospitals. It is not simply “a doctor’s issue”. The matter needs to be fixed in order for there to be security of supply and service from the whole range of health practitioners. We are pleased that rural doctors have a specific voice on the new Indemnity Committee established by Minister Abbott.

Indigenous Health

The average life expectancy of Indigenous Australians is 57 for males and 62 for females - a massive 18 and 20 years less than for non-Indigenous males and females respectively. The failure of Australia to progress on this most urgent of issues is in contrast to the situation for Indigenous peoples in New Zealand, Canada and the United States.

There needs to be greater security of funding to the community controlled Indigenous health sector, and Indigenous people themselves must be able to manage their own affairs.

There needs to be significantly more investment in ‘health hardware’. A national commitment to providing good education, housing, food, sanitation, telecommunications, roads, and employment opportunities to Indigenous communities would dramatically improve their health outcomes within a decade.

Education

Low levels of education result in low levels of health. Educational retention rates are very low in remote areas and among Indigenous populations and must be improved – for health reasons as well as for education *per se*.

Health undergraduates need still more exposure to rural communities and cultures. There needs to be a well-supported rural placement system for health professionals in training. For practising health professionals there need to be better opportunities for continuing professional development, locums and good access to information communication technology.

A major contribution to improving Indigenous health outcomes would be made by supporting greater numbers of Aboriginal and Torres Strait Islander people to undertake health science training, including medicine, nursing and allied health. A moderate national outlay on this would provide significant new opportunities for Indigenous health students.

Data and Research

Nine out of ten rural health research papers are produced by urban-based researchers. This is unacceptable. There needs to be quarantined funding for health research in remote and rural areas that is carried out by rural workers.

However the Alliance recognises and values some of the work carried out by non-rural researchers. In particular the work on rural, remote and Indigenous health of the Australian Institute of Health and Welfare is of great potential value and the Alliance would like to see additional resources committed to it as a matter of urgency.

Better rural health research will lead to better information, better services and improved health outcomes.

Telstra

The Alliance is opposed to further privatisation of Telstra. The current system is working relatively well for most rural and remote people. 'Future-proofing' is the issue, not whether services are currently 'adequate'. Future-proofing cannot be guaranteed where there will be potential changes in government and regulation.

The Pharmaceutical Benefits Scheme (PBS)

The Alliance sees the PBS as an instrument of social policy, not as a bargaining chip in trade negotiations. We are pleased to have been informed by Minister Vaile that the PBS is not on the table in Free Trade Agreement negotiations with the US. A written commitment to this position would allay fears in the electorate about massive price rises for medicines.

Child and Adolescent Health

The health of the mother and baby from conception to three years sets the pattern for the child's health for the rest of life. Australia has a number of national and State strategies that relate to child health but, as a nation, we have not invested heavily enough in child health for rural and remote areas.

The Alliance has produced a position paper which includes proposals for 'child-friendly' health services, the establishment of a National Children's Rights Commission, and greater investment in 'Healthy Mothers: Healthy Babies' programs, family services for rural areas and rural community development.

Further information:

Sue McAlpin, Chairperson	02 6933 2684
Gordon Gregory, Exec. Director	02 6285 4660