



NATIONAL RURAL
HEALTH
ALLIANCE INC.

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For improved rural health, look outside the health sector

The National Rural Health Alliance has called on the Government to improve the wellbeing of the more than seven million Australians in rural and remote areas by investing in a comprehensive plan to develop infrastructure, education, housing and illness prevention.

Chair of the Alliance, John Wakerman, said much of the work being done for rural health is being impeded by insufficient whole-of-government attention to the determinants of illness that fall outside the scope of the health sector.

“Communities that provide good housing, good quality local schools, career opportunities, social and artistic outlets, safe roads and affordable fresh food are healthy places for children and families. They are also more likely to attract and keep their health professionals,” Professor Wakerman said.

“If Governments were to invest more in the sustainability of rural communities, some workforce issues would take care of themselves. Improved health outcomes in the bush will require investment in all of those things that make a vital and comfortable community - and not rely solely on the efforts of our currently overworked traditional health professionals,” he said.

The existing structure of remuneration and working conditions for health professionals tends to favour city practice. As a consequence rural and remote areas – which are home to 35 per cent of Australia’s taxpayers – have access to only 15 per cent of the nation’s GPs, 5 per cent of newly graduating GPs and receive 20 per cent of all Medicare rebates.

“Rural communities are also desperately short of dentists, nurses and allied health professionals,” Prof Wakerman said.

“A new incentive system for rural health professions is required – one that is graduated for remoteness and does not always rely on the fee-for-service model.”

In a written submission to the National Health and Hospitals Reform Commission, the Alliance also details a range of other initiatives that include:

- Medicare should be boldly extended to provide no-cost or low-cost access to whichever clinician can cost-effectively and safely provide each intervention that is clinically required.
- The value of local hospitals and the importance of rural women being able to have their babies close to home should be reflected in significant and urgent re-investment in the maintenance and safety of small rural hospitals and rural maternity services.

- Access to broadband should be a fundamental right, with people in rural and remote Australia able to access information communications technology that allows equal capacity to benefit from new health technologies.
- Where services are not available locally, a uniform national patients' travel and accommodation scheme should be available to enable people to travel for treatment.
- A no-fault system of medical indemnity would be more equitable and cost-effective, and would help to reverse the current trend of specialists moving away from rural areas.
- Systemic reform of the health system will support other efforts to close the 17 year gap in life expectancy between Indigenous and non-Indigenous people.

“Achieving equal health for people in rural Australia is not just an equity issue: health is a key economic input which contributes to greater national productivity, improved workforce participation and increased economic growth – as well as to lower health care costs through reduced hospital admissions and disability,” said Prof Wakerman.

People in rural and remote areas potentially have a lot to gain from the reform plans being led by the National Health and Hospitals Reform Commission – particularly if health outcomes are given higher priority by governments as a whole.

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