

Media Release

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Lessons from rural Canada for rural Australia

More than 900 delegates are meeting in Cairns over four days to consider ways of improving the health of people who live in rural and remote Australia.

In the first session of the 10th National Rural Health Conference Joshua Tepper, from HealthForceOntario, said the time had come for health care to be judged by the care that is given to all, not by the quality of services available in metropolitan areas.

A family physician and an Assistant Deputy Minister at Ministry of Health and Long-Term Care, Dr Tepper was reflecting on some shared features of Australia's and Canada's health profile, most notably the poorer status of people in rural areas and the much poorer health status of Aboriginal peoples.

He challenged delegates to embrace new ideas for reducing inequity.

"In health reform, development and transition are not enough. Rural health care needs conscious transformational change," Dr Tepper said.

He advocated a move away from the traditional 'problem-focused' approach towards a push for change which starts with identifying what is working well.

The central principle of health care must be 'value for the patient', and there is a key role for leadership in making fundamental change in health care.

"The difference between strategy and failure is leadership," he said.

Speaking about the Canadian rural health experience, Dr Tepper said a conscious decision was made to make isolated examples of excellence the normative standard of care. In Ontario, radiology is now fully digital which has allowed much greater accessibility to quality care.

He urged health professionals to be diligent about caring for themselves and their colleagues if they wished to be successful in caring for their patients and their communities.

Also in the opening session, Maggie Grant described a 'Bullet-Proofing Project' for dealing with racism in the workplace.

"Coping strategies can be taught, which will build resilience and help with recruitment and retention," Ms Grant said.

Louise Lawler, from the University of Sydney at Dubbo, analysed the contribution made to improved policies in rural and remote health by the first nine National Rural Health Conferences.

“This biennial event helps maintain the focus on rural and remote health – and it has also led to specific improvements through new policy,” Ms Lawler said.

She encouraged the 900 delegates to use the opportunity again to support and direct appropriate changes.

“There still needs to be closer connection between good health research and policy – and we need more evidence about what works and why – especially in more remote areas,” she said.

The Conference continues today with a focus on the challenge of servicing more remote areas.

Further Contact

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