Healthy Horizons

NRHA Report on the Implementation of Healthy Horizons
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Introduction

The National Rural Health Alliance (NRHA) was a co-signatory to *Healthy Horizons* with the Commonwealth, States and Territories. It was signed off by Health Ministers in early 1999. Its first formal launch was at the 5th National Rural Health Conference in Adelaide in March 1999 at which Michael Wooldridge and Dean Brown officiated.

Following the decision of the Australian Health Ministers' Advisory Council (AHMAC) to review *Healthy Horizons* with some regularity, the NRHA produced its first report on progress with its implementation in May 2000 and that report was posted to the NRHA's homepage in August of that year.

At the request of the Rural Sub-committee of AHMAC the NRHA now submits another Report on activity related to *Healthy Horizons*. This Report is based on input from Member Bodies of the Alliance.

A National Rural Health Strategy

The NRHA has always supported the existence of a formal National Rural Health Strategy on the assumption that it is agreed to by all health jurisdictions. The benefits of such a document for the people of rural and remote areas and for the Member Bodies of the Alliance are obvious. Amongst them are the greater certainty and visibility of the intentions of Commonwealth, State and Territory jurisdictions, and the major opportunity such a Strategy provides for national collaboration and coherence. The involvement of the NRHA with the health jurisdictions is an important part of this coherence, and the Member Bodies of the Alliance have always accepted that a large part of what needs to be done to implement a strategy will fall to themselves and their own individual members.

Healthy Horizons provides a clear indication of some of the national principles and directions that have been agreed for rural and remote health. The NRHA's position in the past has been that the Strategy of the day should be accompanied by a National Rural Health Plan. This would convert the general principles into stated measurable actions, accompanied by timelines and indications of resource allocations. The NRHA understands why such a detailed Plan might not be supported by some in the health jurisdictions. But a detailed Plan would overcome any suggestion that *Healthy Horizons* is too general or not sufficiently applied.

Overall the NRHA believes that *Healthy Horizons* has been very useful as a common framework for people at all levels in the rural and remote health sector. The document has received numerous mentions over the years in most health jurisdictions. The NRHA has used *Healthy Horizons* itself and many of its Member Bodies have constructed reports or undertaken research along the lines indicated by it. For example, the program and recommendations of the 6th National Rural Health Conference both owe much to *Healthy Horizons* and the 7th in Hobart (1-4 March 2003) will provide another major opportunity for an audit of the strategy. There are also numerous references to the use of *Healthy Horizons* by individual researchers and local or regional health service managers.

The difficulty of analysing *Healthy Horizons*

A comprehensive analysis of *Healthy Horizons* should include references to its use (or misuse) at all levels, from the Commonwealth, State and Territory jurisdictions through to grassroots individuals. Such an analysis is difficult. No-one, for instance, is able to say how many research reports have benefited from the clear statement of principles within *Healthy Horizons* or from its use as a reference document. This task is not easily done even within one set of research reports, such as those undertaken under the Rural Health Support, Education and Training (RHSET) Program.

It is clear from anecdotal evidence and the experience of the NRHA itself that the seven goals of *Healthy Horizons* provide a useful focus on broad targets of the highest priority. The first goal, "To improve highest health priorities first" has become almost a catch phrase and has had useful results just in this role. Goal 7, "To achieve recognition of rural, regional and remote health as an important component of the Australian health system", is perhaps the most esoteric, but nevertheless reflects so much of importance about where rural health is in Australia, how its practice should be valued, and how it should relate to the overall health system.

Healthy Horizons successfully describes 'health' in all of its intersectoral and multi-professional complexity. Even those who claim that it is hard to read or too complex seem to accept that it contains a very useful set of principles and goals. Criticisms of it would be reduced if the statement of those principles and goals led to some key points about specific action to guide consumers, practitioners, managers and researchers in all jurisdictions.

Comments Relating to the Seven Goals of *Healthy Horizons*

General

As part of its regular work, Member Bodies of the Alliance join together regularly to raise particular issues as priorities for attention. This has the effect of helping to focus on dealing with the highest priorities first (Goal 1) and helping to meet the substantive issues in Goals 2-7.

Many organisations, including the Member Bodies of the Alliance, have collaborative arrangements to meet specific challenges and *Healthy Horizons* is often a framework for this activity. Examples include the relationship between the Royal Flying Doctor Service (RFDS) and the Mental Health Council of Australia and other professional bodies including the University Departments of Rural Health (UDRH), the Memorandum of Collaboration between the Australian Nursing Federation (ANF) and the Council of Remote Area Nurses of Australia (CRANA) on preparing remote area nurses for practice, the collaborative agreement between the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to increase the number of Indigenous people in nursing and to include Indigenous issues in core undergraduate nursing curricula, and the General Practice Memorandum of Understanding (MoU).

Most of the Alliance's Member Bodies have conferences and informal meetings and these have provided opportunities for disseminating information about *Healthy Horizons.* They have found *Healthy Horizons* a useful framework for highlighting a range of issues related to health outcomes. The Member Bodies of the Alliance believe that it is vital to "keep walking the talk" among Parliamentarians and the media, at public events and within other important forums. The framework is particularly useful for the Alliance's consumer organisations such

as the Isolated Children's Parents' Association (ICPA), the Country Women's Association of Australia (CWAA) and Health Consumers of Rural and Remote Australia (HCRRA), for whom the document provides a sense of order about a large and complex sector with which they need to be familiar.

From the perspective of the Australian College of Health Service Executives (ACHSE) "there seems to be a lack of emphasis within the policy on the role of health service management and corporate governance in rural and remote Australia". The ACHSE argues that the same workforce issues that apply to other health professionals relate also to quality and competent health service managers. The lack of such expertise often results in services that are poorly managed for the clients, communities and staff. The net effect is that the professionals responsible have difficulty delivering quality and relevant health services. The ACHSE is therefore of the view that greater investment in management education and processes is vital.

The Association for Australian Rural Nurses (AARN) spoke for all Members of the Alliance when it said that *Healthy Horizons* "provides a framework which supports collaboration across all groups which are influential in the development of rural health strategies. … We applaud the initiatives which have taken place and believe that the ongoing redevelopment of the *Healthy Horizons* document is vitally important to reflect the ongoing changes which are being experienced by rural Australians. It is gratifying to see that many of the goals developed in 1999 have been well advanced, and we would look forward to the time when some issues in rural Australia are dealt with to such a degree that they do not require attention and a focus can be placed on other issues which increase in importance."

Goal 1: Improve the highest priorities first

All of the Member Bodies of the Alliance are concerned with Indigenous health, mental health and the other priorities listed under this Goal.

The National Aboriginal Community Controlled Health Organisation (NACCHO) and the Aboriginal and Torres Strait Islander Commission (ATSIC) are Member Bodies and their leadership on the Alliance's Indigenous health work is a prerequisite for its success. Frontier Services of the Uniting Church in Australia is another of the Alliance's members which is at the cutting edge of work on Indigenous health. It has partnerships with Aboriginal Councils both to manage aged care facilities and to encourage aged care training for Aboriginal workers. In the Northern Territory, Frontier Services has become a resource contact for Aboriginal agencies and has undertaken a consulting role with them. In its response for this update, Frontier Services reported that "the dream of multi-disciplinary mobile teams, including counselling skills, will continue to be pursued".

The Royal Flying Doctor Service (RFDS) has implemented a national policy on mental health and specific mental health positions have been established within the service, including a psychologist at two RFDS bases. Also an RFDS psychologist has developed an educational CD ROM for the use of all RFDS clinical staff and it includes information on suicide.

The Alliance as a whole, and all of its Member Bodies, are concerned with ageing in rural and remote areas and related health issues. It is a matter of particular concern to the Country Women's Association of Australia whose members provide much of the community leadership in smaller country towns. There is an increasing concentration on aged care in rural hospitals and still severe shortages of residential aged care facilities in rural and remote areas. This requires changes to systems for employment and remuneration as well because, for example, nurses working in residential aged care are still paid less than their colleagues in

the acute sector. The MoU General Practice Reference Group, of which the Rural Doctors' Association of Australia (RDAA) is a member, is one of those bodies interested in how the Healthy Ageing Strategy will operate in country areas and whether 'ageing in place' is ever likely to be possible in small towns and more remote areas.

Frontier Services is the main player in residential aged care facilities in remote areas. It emphasises the need for psychogeriatric consulting services to remote areas. The ACHSE is developing leadership skills for the managers of aged care services in rural and remote areas. Their courses include regulatory compliance accreditation and human resource management skills for the sector. The ACHSE reports these as being "important for developing social and recreational models, which are not entirely medical and which are more relevant to community care for older people".

In terms of Goal 1.2, members of the Alliance are still greatly concerned about the issue of mental health outcomes in rural, regional and remote areas. It is well known that there is a serious lack of mental health workers on the ground, and ongoing management and treatment is doubly difficult. Frontier Services runs health centres in remote areas and its patrol padres cover most of remote Australia offering support and counselling on mental health.

RDAA is a signatory to the 1999 General Practice Memorandum of Understanding (MoU) and mental health is a priority issue for the MoU group which has auspiced three working groups to address it. They cover Allied Health, education for the Rural and Remote Health Workforce, and Medical Benefits Schedule (MBS restructure and the development of appropriate consultation items and financial incentives.

Suicide and attempted suicide (1.3) are severe challenges which relate to middle-aged and older people as well as to the young. The RDAA reports that approximately 4000 doctors practice in rural and remote Australia. They provide mental health care without the professional and community support systems which assist in urban areas, a deficit often counterbalanced by a comprehensive understanding of the patient's personal and broader environment. There is an increasing focus on the development of management plans to support patients suffering mental illness. In some areas the first point of contact for this work is a Remote Area Nurse.

The framework of *Healthy Horizons* has been used from time to time by bodies that would not be seen as being in the health mainstream. For instance, the Isolated Children's Parents' Association has used 1.6 to help in its lobbying efforts for seatbelts on buses and also into development of the Giddy Goanna Farm Safety Project. Health Consumers of Rural and Remote Australia and the CWAA have also used the document's framework in their policy and advocacy work.

Child and Youth Health (1.7) is now a significant priority for the Alliance and it is using *Healthy Horizons* as one of the means of framing up its approach on the subject. A number of organisations including the Regional and General Paediatric Society (RGPS) and the ICPA are advocating a more focused approach to early childhood issues in rural and regional areas. From the ICPA's point of view there is a particular need for research (3.2) on children with special learning needs and the health issues which affect educational outcomes. The RFDS's primary health care nurses conduct specific child health programs and the nurses in the Queensland Section of the Service are trained for early childhood work and conduct early childhood clinics in remote locations. The RFDS's aim is to provide these early childhood services from all its bases.

Within the MoU group and as a member of the National Integrated Diabetes Work Group, the RDAA advocates for best practice care for patients with diabetes, minimum requirements for key management points and the targeting of vulnerable groups. Rural Pharmacists Australia (RPA) "has recently developed a diabetes module to include in pharmacy's quality assurance program, the Quality Care Pharmacy Program, to assist and educate rural pharmacists in the provision of professional advice to consumers".

The RFDS is one of the major players in more remote areas in relation to diabetes and other chronic conditions. All RFDS primary health clinics conducted by its medical officers manage both acute and chronic conditions and the RFDS primary health care nurses develop and implement programs for the management of chronic conditions. The RFDS has developed a national health promotion and prevention calendar which includes Diabetes Week.

Goal 2: Improve the health of Aboriginal and Torres Strait Islander peoples

This issue has remained most important and most urgent for the Alliance. The work of its Member Bodies on this critical issue is undertaken through both the provision of services and through their own internal operations. NACCHO and ATSIC provide an oversight of the Alliance's activity in the area. In general it is agreed that more must be done to meet this goal "using broad primary health care principles which encompass far more than formal health care services but which incorporate a greater emphasis on social issues. It is only through this broad focus that greater social justice and equity can be achieved." (AARN)

All new employees of the RFDS undertake a comprehensive cross-cultural training program to induct them into Indigenous health issues. It is the RFDS's expectation that, in future, their educational induction sessions should all be conducted by RFDS Indigenous staff. The Service has employed two Indigenous Health Officers to be located at its Port Augusta base and additional medical officers have been recruited for the Derby base, enabling additional clinics in Indigenous communities. Its partnership with the Derby Aboriginal Health Service also enables the RFDS medical officers to conduct additional sessions at the Service in town. The RFDS's primary health care nurses are also introducing special programs to facilitate the health of Indigenous people.

The New South Wales branch of the ACHSE, in collaboration with the NSW Aboriginal Health and Medical Research Council, has conducted three two-year pilot programs in Health Management Development for Aboriginal people. The ACHSE and NACCHO have made joint submissions to the Commonwealth for the program to be national.

Frontier Services has a program called 'Shared Future' to resource its own staff towards reconciliation and it also has an Indigenous employment strategy as well as increased Indigenous representation on its committee. The ANF is among the other Member Bodies of the Alliance that support the reconciliation process.

Four of the Alliance's Member Bodies are medical organisations: the Rural Doctors' Association of Australia (RDAA), the Australian College of Rural and Remote Medicine (ACRRM), the Rural Faculty of the Royal Australian College of General Practitioners (RF, RACGP), and the National Rural Health Network (NRHN). All of them have explicit policies on Indigenous health which emphasize self-determination and a holistic and multidisciplinary approach to health. Indigenous health is currently a priority for the NRHN and one of RDAA's designated priority areas for 2002-2003 and the organisation seeks to incorporate the

interests of Indigenous people in its generic policy development and input into Commonwealth initiatives. For example RDAA successfully advocated to include subsidies and support for Aboriginal Health Workers in the Commonwealth Practice Nurse Initiative which began in November 2001. Also, material prepared for the February 2002 Commonwealth Workshop on Point of Care Testing had a strong focus on the benefits of immediate access to pathology results for Indigenous patients and the medical practitioners who attend them.

The Alliance's allied health groups are the Australian Rural and Remote Allied Health Taskforce (ARRAHT) and Services for Australian Rural and Remote Allied Health (SARRAH). They and its nursing bodies also have explicit targets and policies on Indigenous health, as do others like the Australian Healthcare Association (AHA), the CWAA, HCRRA and the National Association of Rural Health Education and Research Organisations (NARHERO). Rural Pharmacists Australia (RPA) is assisting improvements in Aboriginal health through the introduction of Section 100 medication supply to Aboriginal Health Services from rural pharmacies.

Goal 3: Undertake research and provide better information

Most of the Alliance's Member Bodies make submissions to reviews and inquiries as the opportunities arise and they often use the principles and structure of *Healthy Horizons*. For instance, the ANF, AARN and CRANA all made unilateral submissions to the Senate Inquiry into Nursing and the National Review of Nursing Education (the Alliance made a corporate submission as well). These submissions included matter relating to improving the highest priorities first (Goal 1), Aboriginal and Torres Strait Islander people's health (Goal 2), flexible and co-ordinated services (Goal 4) and workforce issues (Goal 5).

A number of Member Bodies of the Alliance produce regular research articles, newsletters and Journals and the focus and content of these have frequently used *Healthy Horizons* as both a source document and a framework for the presentation of information. The ANF publishes research articles in the Australian Journal of Advanced Nursing and it, like many other Member Bodies, has its own organisational newsletter. Also like other Members, the RFDS frequently presents at relevant conferences such as the biennial National Rural Health Conference and WONCA, and utilises the framework provided by *Healthy Horizons*.

Members of the National Association of Rural Health Education and Research Organisations (NARHERO) are major players in research on the status of rural, regional and remote health and the social, economic, environmental and political factors which contribute to it. Many of its members publish research in journals and on websites and provide feedback through various academic, professional and community forums. They report that there needs to be "more attention to the implementation of research, knowledge and outcomes" and "funding streams that support the implementation of research based knowledge".

The Australian Healthcare Association (AHA) publishes the Australian Health Review (AHR), which is Australia's principal peer reviewed journal on health policy, health administration and health services research. AHR publishes quality peer reviewed research on Australia's health system, including a major body of rural health service research. This covers workforce, rural funding, rural clinical service models and Indigenous health service provision. AHR encourages and develops the skills of people wishing to publish reports of rural issues and replicable rural service models.

Through the move to an internet based publishing format AHA has been able to increase the access to quality information and research by rural health service providers. The AHA's National Congress is run annually and features a rural health services stream targeted at senior managers and board directors form rural and regional areas. More than 50% of delegates are from rural areas.

Several of the Alliance's Member Bodies are involved with aspects of the work of the National Health and Medical Research Council (NHMRC). Some of them, including CRANA and the RDAA, are contributing to the NHMRC's work on assisting health care workers to manage episodes of violence.

The Alliance continues to promote and support efforts to improve the collection of rural and remote health data and their analysis and publication. The ANF proposes that we "ensure that the Australian Institute of Health and Welfare (AIHW) collects information about the number of Indigenous nurses in Australia". The CWAA and HCRRA are among the organisations whose members would benefit from a greater amount of simple and readily available information about the real status of health in small local areas.

Goal 4: Develop flexible and co-ordinated services

There is now widespread acceptance of the fact that health care models that work well in metropolitan areas cannot simply be replicated in country areas. "The delivery of innovative and more flexible services needs to be founded on evidence-based practice and developed through collaboration between all local stakeholders, including pharmacists" (RPA). Many of the Alliance's Member Bodies act in a collaborative fashion and work to increase partnerships. This gives them the capacity to act as a consultant and facilitator in support of community organisations. Frontier Services has adopted Queensland's Isolated Practice Standards for all its remote area clinics.

In terms of innovative models of primary health care (4.3) several of the Alliance's Member Bodies, including the ICPA, have very special interest in telehealth. The ICPA has been actively involved in the development of improved telecommunications services for rural and remote communities and in promoting the need for training and support for the users of such services.

The ACHSE believes there is a need in rural and remote communities for greater co-ordination of care between the acute, community and residential aged care sectors. A good example of such co-ordination of care is provided by the RFDS's partnership in Queensland with Queensland Health and the Divisions of General Practice on the Rural Women's GP Program. The South-eastern Section of the RFDS collaborates with the Far Western Area Health Service of NSW to provide mental health services.

The RFDS remains at the cutting edge of innovations in flexible and co-ordinated services, particularly in more remote areas. The Rural Women's GP Program provides female GPs on a visiting basis to towns which do not have this option. At Wilcannia the medical officers from the RFDS base in Broken Hill provide four days of medical clinics on-site and on the fifth day provide medical services via videoconferencing facilities. The RFDS medical officer at Kowanyama is rostered full-time for one month in the community and then for one month in Cairns.

The RPA is also very supportive of this Goal and "notes that there needs to be much more research in the area of how multi-disciplinary teams can best meet local health care needs".

Rural Doctors' Association members in all States and the Northern Territory support their communities not only through direct service provision, but also through discussions with local authorities (Shire Councils, Chambers of Commerce, etc), district health councils, consumer groups, Indigenous bodies and State Government and professional associations to ensure that issues pertaining to the provision of quality medical services and their integration with other services are fully considered.

Goal 5: Maintain a skilled and responsive health workforce
Work under this heading remains a major part of the Alliance's overall activity.

Several of its Member Bodies are engaged in work related to their own professions. They agree that there is a particular need to improve the consistency of regulations and the level of support for rural and remote area practitioners, including by providing relief to allow them to upgrade and refresh their skills. The more remote is the health setting, the more serious and urgent it is to remedy these issues.

Commonwealth initiatives such as the rural and remote area nursing scholarship scheme relates centrally to the maintenance of a skilled and responsive health workforce. The Alliance and its Member Bodies played a significant role in realising these programs and play a continuing role in the administration of some of them.

The Alliance as a whole, and the National Rural Health Network (NRHN) in particular, retains a very strong interest in the number of health science students choosing careers in rural, regional and remote areas (5.7). A number of the priority recommendations from the 6th National Rural Health Conference concerned increased participation of rural and remote students in the health professions. The Alliance is the national management agency for the John Flynn Scholarship Scheme (JFSS) and the Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme.

The National Association of Rural Health Education and Research Organisations (NARHERO) is comprised of University Departments of Rural Health, Rural Health Training Units (RHTUs) and a number of other service organisations and individuals in the rural and/or remote education and research sectors. Many of its members are engaged in direct service provision in relation to the rural and remote health workforce. For instance they deliver cultural awareness programs in Indigenous health, Certificates in Mental Health, careers workshops aimed at Indigenous high school students, suicide prevention programs and programs for the upskilling of health workers. NARHERO has reported some concerns with 'train the trainer' programs because of the stress on already overloaded staff who have a full-time job in client treatment and support. They also report major problems with rural placements for students, including in Indigenous communities, mainly because of the lack of accommodation, mentoring and other support.

Rural Pharmacists Australia (RPA) is facilitating placements for pharmacist academics in the UDRHs and this illustrates the Alliance's general belief that these valuable institutional resources should become as multi-professional as possible. The RFDS, for instance, believes that these agencies, RHTUs and the Rural Workforce Agencies should allow their training and educational support funding to be available to all rural medical practitioners. The RPA reports a project by the UDRH at Whyalla to bring pharmacist academics to rural and remote areas to act as mentors and to provide locum relief for local pharmacists. There is also a joint Pharmacy Guild of Australia and University of Sydney project trialling the role of community

pharmacists in the delivery of services in Multi Purpose Services (MPSs) and the provision of videoconferencing with patients for medication reviews over the internet in rural Australia.

State branches of the ACHSE, like other organisations, are delivering management programs by videoconference and satellite broadcasts. The Alliance has been on the public record over the need for secure regional air services as a critical component of the sustainability of communities and their ability to attract staff.

Perhaps the most exciting long-term vision in the rural and remote workforce area is that one day all recruitment, retention, education and support programs for health professionals will be interdisciplinary. The RPA is only one of the Member Bodies to emphasise the potential value of this: "there is much potential to implement multi-disciplinary recruitment and retention strategies, as so many of the workforce problems faced by the medical profession in rural and remote areas are identical to those faced by other health professionals".

Goal 6: Develop needs-based flexible funding arrangements
A fundamental principle of the Alliance's work is the need for recognition of the additional costs of providing services in remote areas in aged care and Home and Community Care as well as in the health sector in the narrower sense. The need for services cannot be measured by their use, particularly in remote areas.

The ANF has been a key player in the establishment and operation of a new National Aged Care Alliance (NACA) and it is playing a significant role in relation to needs-based flexible funding arrangements for older people in rural, regional and remote Australia.

The transport needs of people living in rural, regional and remote Australia (6.4) have been even further highlighted over the past six months because of the collapse of Ansett and the problems of several of the regional airlines. The RFDS remains the lynch-pin of health transport services for both clinics and emergency evacuation in more remote areas. The Alliance has a continuing interest in all aspects of transport including air services. The ICPA continues to argue for the maintenance of the Remote Area Air Service Subsidy and for travel allowances for people from more remote areas.

There is a recognition that health services are funded and administered through a convoluted and complex series of relationships between various levels of government and across departments, and that there are a variety of administrative and funding models. The need for flexible and coordinated services due to the multiple players and the varying needs of different communities is evident. Those innovations of the recent past which have demonstrated recognition of varying local needs and constraints need to be expanded to encompass a greater range of alternative models of health care, and these need to be made available to a larger number of rural Australian communities. A valuable piece of work has been undertaken jointly by the Department of Health and Ageing and the Alliance in which some of the alternative models for health financing, particularly for more remote areas, were described and analysed.

Goal 7: Achieve recognition of rural, regional and remote health
Achieving this goal would contribute dramatically to recruitment and retention in all professions, with major benefits to rural and remote Australia. There is a particular need to change the common view of aged care as a second class occupation.

We applaud the recognition for rural and remote health which has developed and grown over the last ten years. However, we note that while rural and remote health have achieved

considerable attention and resources relative to earlier times, in terms of social justice and equity there remain considerable discrepancies between rural communities and their metropolitan counterparts in terms of access to services and the availability of resources. Therefore the momentum which has developed over the last decade needs to be sustained.

Priorities for 'tweaking' *Healthy Horizons*

In 'tweaking' *Healthy Horizons* the Alliance would like to see additional emphasis on its current priority issues. In summary these are:

- that those with greatest needs warrant first attention;
- that the overall distribution of resources should be based on the distribution of need;
- that policies and programs should reflect the added cost of doing business in rural and remote areas, which is very significant in the more remote areas;
- that rural and remote areas should have their fair share overall and that, as for other areas, there should be extra resources for those with special needs including Indigenous people, children and the elderly;
- that structures should be in place to allow access to basic services for everyone irrespective of their location;
- that the advantages of working in rural and remote areas and the good news stories be given higher public profile; and
- that the revised *Healthy Horizons* should build on the large number of existing other strategies related to health, both national and State/Territory. A good example of this is the National Child Health Policy dating from 1993.

These generalised priority areas will continue to be reflected in the Alliance's work on a range of policy issues, including those relating to the rural and remote health workforce.

The Alliance will continue its work to keep rural health high on the national agenda, recognising that, for a number of reasons, it may be less fashionable than it has been over the past 4-5 years. The NRHA accepts that the Federal Government is currently in a climate of budget restraint. In this circumstance it is even more important to establish clear priorities and to act on them. This is not just a tactic related to new expenditures but also to what may be seen as the defence of existing positions. For the NRHA, defensive activity such as this relates to both existing programs and also to the potential for the centre of gravity of policy activity to swing back to the cities before the deficiencies in non-metropolitan areas have been properly and fully made up. For the sake of people in rural and remote areas and for the long-term future of non-metropolitan Australia, this must be resisted.

The NRHA will strongly support work to revise *Healthy Horizons* and promote it anew.

March 2002

Member Bodies of the National Rural Health Alliance

There are 21 members of the National Rural Health Alliance (NRHA), all of which are national bodies in their own right or the rural special interest groups of national bodies. They are:

AARN	Association for Australian Rural Nurses Inc
ACHSE	Australian College of Health Service Executives (rural members)
ACRRM	Australian College of Rural and Remote Medicine
AHA (RPG)	Rural Policy Group of the Australian Healthcare Association
ANF	Australian Nursing Federation (rural members)
ARRAHT	Australian Rural and Remote Allied Health Taskforce of the Australian Council of Allied Health Professions
ATSIC	Aboriginal and Torres Strait Islander Commission
CRANA	Council of Remote Area Nurses of Australia Inc
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NARHERO	National Association of Rural Health Education and Research Organisations
NRHN	National Rural Health Network (of University Medical and Health Undergraduate Clubs)
RDAA	Rural Doctors' Association of Australia
RACGP	Rural Faculty of the Royal Australian College of General Practitioners
RFDS	The Australian Council of the Royal Flying Doctor Service of Australia
RGPS	Regional and General Paediatric Society
RPA	Rural Pharmacists Australia - Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health