

National Rural Health Strategy

Issued by the Australian Health Ministers' Conference

March 1994

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Conference
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ISBN 0644 33326X

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Around one-third of all Australians live in rural areas that lie outside of metropolitan regions. Significant progress has been made in the determination of rural and remote area classifications as they pertain to the provision of health care services, and there is little need to review the issue here ¹.

For the purpose of this strategy, rural Australia essentially equates with non-metropolitan areas. It incorporates major provincial centres, country towns, mining and isolated communities, and includes the closely settled farming regions of southern Australia and the sparsely settled areas of northern Australia. Remote areas, sometimes considered separately because of their specific characteristics, are included within the Strategy's concept of rural.

Rural Australia is characterised by large distances, small sparsely distributed populations, harsh environments, and considerable geographical and social diversity. While the problem of overcoming vast distances and coping with isolation from major population centres is shared by many rural communities, these problems are most acute in isolated communities in the north and interior of Australia. Such a situation necessitates a specific and unique strategy in order to meet the health care needs of rural communities.

The broad goals of this National Rural Health Strategy are to provide a framework and policy to:

- guide the provision of appropriate rural health services and equitable access to them;
- provide a mechanism for addressing agreed rural health priorities;
- encourage the adoption of approaches to service delivery which are tailored to meet the special circumstances of rural Australia; and
- measure progress towards meeting key rural health goals.

In setting these goals, regard needs to be given to developments in State and Territory health policies and in national programs and initiatives, such as the National Aboriginal Health Strategy, the National Mental Health Policy, the National Women's Health Policy, the Alternative Birthing Services Program, and the National Road Safety Strategy.

Since health encompasses more than just the absence of illness and disease, health care extends beyond merely providing services oriented to curative treatment.

Maintaining health requires concern with the effects of biological, psychological, socio-economic, and environmental factors on individuals, their families and their use of services ². The significance of these factors is most apparent in the case of Australia's Aboriginal and Torres Strait Islander population.

In view of the need to address these factors, a national rural health strategy must be holistic and recognise the contribution of the broad range of influences which can impact upon the health of a community, outside of a traditional clinical focus on treating illness.

Given limited resources, the most effective way to achieve the health outcomes sought by the National Rural Health Strategy is to concentrate on those issues warranting highest priority. The priorities identified in this Strategy reflect the major concerns expressed during consultations with consumers, rural health care providers, and State and Territory Health Authorities.

2.1 Introduction to problems in the provision of health care in rural areas

The health status of Australia's rural population varies enormously. Evidence of significant health differentials between rural and urban populations is mixed^{3,4,5}. Some health problems, such as mental illness, youth suicide, injuries, road trauma, alcohol and substance abuse, are most acute in rural areas, and provide ample justification of the need for a specific rural health strategy. Aboriginal communities, in particular, are characterised by unacceptably high levels of morbidity and mortality^{6,7}. The incidence and prevalence of such health problems as ear infections, eye disease, diabetes, obesity, cardio-vascular problems, communicable diseases, respiratory disorders, kidney disease, and skin infections are often well in excess of those for the wider community.

The health care needs of rural Australians are addressed by a wide range of health care providers — including medical practitioners, nurses, allied health workers, Aboriginal and Torres Strait Islander health workers, pharmacists, dentists, and ambulance officers — and services provided by all levels of government. Important contributions are also made by private sector organisations, volunteers, carers, community and special interest groups, and many other welfare and non-profit organisations.

Compared with their metropolitan counterparts, many rural residents experience significant problems of inequity with respect to access to, and provision of, health care services.

Throughout many areas of rural Australia there is a shortage and maldistribution of health care providers, above-average population to health care provider ratios, high levels of health workforce turnover, and major problems of accessibility to services⁸. Residents of remote communities are especially disadvantaged by the non-availability of and lack of access to many local health services and by inadequate rural public transport services.

Since the 1991 National Rural Health Conference a range of rural health programs has been initiated by both Commonwealth and State governments⁹. These initiatives focused on immediate concerns and were designed to overcome discrete health service problems. While some rural health programs are in their infancy and await evaluation, others are more firmly established and their success in addressing rural health service provision issues can be more fully ascertained.

In general, rural health policies and programs have been oriented towards the two broad problems of resource allocation and service provision, and workforce development. The issues relating to each of these are discussed below.

2.2 Resource allocation and service provision

Several issues are subsumed within this broad area.

(a) Needs assessment

Needs assessment remains a critical pre-requisite to identifying the type of health care services required by rural communities. Present knowledge of needs and demand for health services in rural areas is sometimes limited and distorted by current service delivery models which are too directly aligned with the circumstances of metropolitan Australia. Attention should continue to be directed towards:

- developing comprehensive strategic frameworks or regional plans based on sound principles of rural health planning which aim to meet the assessed health care needs of rural communities;
- the adoption of service delivery models to meet those needs in the circumstances of rural Australia, including community participation in decision making;
- the establishment and maintenance of appropriate data bases to monitor workforce supply and quality of services and to guide service providers;
- the establishment and maintenance of information systems which allow health status to be described and changes monitored over time; and
- evaluation of health outcomes.

(b) Funding arrangements

In areas where it is difficult to meet the funding criteria of mainstream programs, it is important to ensure the effective use of limited resources. For this reason, health programs should be innovative and flexible in order to overcome the problems associated with meeting diverse health care needs of small rural communities. This need is especially acute in small isolated rural communities.

Multi-purpose service approaches have indicated the scope for providing rural health services in a flexible and integrated way that responds to the total health needs in the community and takes account of the available infra-structure. Significant attention should continue to be directed towards integrated funding options so that resources can be pooled and allocated in ways that enable health services to better meet local community needs.

(c) Regionalisation

It is vital to evaluate and review the scale at which services are most efficiently and effectively delivered. Devolution of responsibility for service delivery and management provides increased opportunities to:

- maximise consumer access to health services;
- maximise responsiveness to local health needs;
- encourage community participation in decision making;
- develop appropriate policies and management guidelines; and
- avoid unnecessary duplication of services.

(d) Coordination and consultation

Improved communication between employers and workers, service users and providers, and those who develop and implement rural health policies is critical to the success of delivering effective rural health services. Consultation with rural communities, health workers, professional colleges and organisations, representatives of peak rural bodies and local government is vital at all stages of planning and implementation of rural health care initiatives.

The importance of providing integrated, cohesive health services tailored to community needs means that coordination and integration between Commonwealth, State and Local Governments and non-government organisations is critical. The current problems of dealing with multiple funding sources often for short term funds, and different, often inflexible funding guidelines result in confusion for the consumer, frustration for health care providers and less than optimal availability and quality of services.

Attention should be accorded to matters of:

- Local, State and Commonwealth Government relationships;
- coordination between the activities of Government agencies;
- better accommodating the needs of rural and remote communities as they relate to various program objectives;
- increased community consultation and participation in planning rural health services;
- integration of the activities of rural health interest groups; and
- optimising communication between rural communities, the health workforce and employers.

(e) National program activities

The Commonwealth Government has made a major commitment to rural health in Australia over recent years through its national policies. Central to this commitment are:

- the introduction of the Rural Incentives Program as part of the wider general practice reforms, to improve the recruitment to, retention of and support for general practitioners in rural areas;

- support for the establishment of a National Rural Health Unit;
- initiation of and support for the National Aboriginal Health Strategy;
- the establishment of divisions of general practice across rural areas;
- furthering the Rural Health Support Education and Training Program as a catalyst for developing and implementing initiatives and changes in workforce education and training for rural health workers; and
- the development of initiatives to ensure that the benefits and services provided through mainstream programs are accessible to small rural communities.

(f) Inter-sectoral linkages

Optimal health for rural residents is dependent on many factors other than just the availability of, and accessibility to, adequate health care services.

Many economic and community development issues — including housing, sanitation, waste disposal, employment, income, education, transport and communications, social and cultural dislocation and in some instances even lack of running water — impact directly and indirectly on the health status of communities and the incidence of various forms of ill-health. Most recently, for example, the economic downturn has left many rural families in financial and psychological crisis, and has accelerated the drift of families from many rural communities.

It is important to ensure mutual cooperation between government programs which impact upon rural health status at all levels, and between government and non-government agencies in policy development, planning and service provision. Adequate consultation and liaison between Health Authorities and Departments responsible for providing services such as education, housing, and transport is critical. For example, support services for women and children help address problems of family violence, child abuse and social isolation, rural counsellors assist farmers and unemployed men to cope with depression, while support services for rural youth help to reduce the incidence of suicide and violence.

This interdependence of factors and programs that impinge upon health status provides a major rationale for establishing an Office for Rural Health as one means of improving the coordination between Commonwealth programs.

2.3 Workforce issues

Workforce issues encompass a wide range of considerations relating to recruitment and retention, education and training, and role interrelationships.

(a) Recruitment and retention

A major ongoing issue of rural health programs relates to the need to overcome problems of staff shortage and maldistribution of health care providers, excessive staff turnover, and related problems. Initiatives designed to address problems of recruitment of health care providers to rural areas must be complemented by the development and expansion of schemes which enhance the retention of the rural health workforce. This would enhance continuity of care and avoid wasted costs in continually recruiting and training new personnel.

Program initiatives, some of which are already in place, designed to address these problems include:

- promoting the positive aspects of rural health practice;
- selective admission policies for rural students to enter undergraduate courses;
- promoting health professions as careers with country people;
- provision of incentive packages and measures designed to remove disincentives;
- improved infrastructure;
- improved working conditions for isolated health care providers practising in remote areas;
- improved locum arrangements; and
- career pathways, continuing and post-graduate education.

(b) Education and competency standards

Associated with the measures designed to improve the recruitment and retention of rural health care providers are several training and education issues. These include the need for better access to continuing education, more support for skills upgrading, better access to peer group support and stimulation, and better access to training facilities. Measures addressing these issues include:

- development of national core curricula;
- development of survival skills programs;
- establishment of regionalised rural training units which provide education and training tailored to the special circumstances of rural practice;
- providing undergraduates with appropriate rural experience;
- ensuring adequate rural placements during training; and
- increased use of information technologies designed for distance education and service delivery.

(c) Role inter-relationships

In order to meet the different needs and circumstances associated with providing health care in rural areas, there is a critical need for flexible roles and a clear understanding of the roles and responsibilities of rural health care providers. Considerable attention is being directed towards:

- clarifying the roles and inter-relationships of nurses, doctors, and Aboriginal and Torres Strait Islander health workers in remote areas;
- overcoming legal impediments to role flexibility and change; and
- establishing best practices and multiskilling as means of maximising coordination between services.

3.1 Strategic focus and rationale

The critical element underpinning the National Rural Health Strategy is recognition by all interest groups that the development of appropriate rural health services and equitable access to them is a pre-requisite to ensuring optimal and effective health care in rural Australia.

While recognising the magnitude of rural health issues that require attention, it is important to note that a range of rural health programs has already been initiated by States since the 1991 National Rural Health Conference.

Many rural health issues share a common basis and require a national response. A strategic approach focusing national attention and action on shared problems:

- accords with the strategic focus being adopted by States;
- is sufficiently broad and flexible to accommodate the diverse needs and circumstances found in rural Australia; and
- promises most potential in achieving the goal of optimal health for all rural Australians by enabling consumers, service providers and Health Authorities to address their particular concerns while making a firm commitment to agreed national goals and priorities.

3.2 Need for priorities

A major dilemma for all governments is how to maintain a sufficient range of accessible, high quality rural health services while minimising the costs associated with their provision, at a time when governments are confronted with ever-increasing and competing demands that are being placed on a limited set of resources.

Given limited resources, the most effective way to achieve the health outcomes sought by the National Rural Health Strategy is to concentrate on those problems and issues warranting greatest attention. The key proposals of this strategy reflect the major concerns and priorities accorded by rural and remote area residents, rural health care providers, major rural health interest groups, and State Governments. In setting the priorities, the strategy recognises the need to maintain current services and initiatives that work towards achieving short-term goals while at the same time emphasising necessarily longer-term initiatives. Moreover, the priorities identify issues that are pre-requisite and most urgent if rural health policies are to succeed in meeting National Health Goals and Targets.

3.3 Guiding principles

In seeking to address the diversity of health needs and requirements of health care providers and services across rural Australia, an effective national rural health strategy must be guided by key principles. The principles that guide this National Rural Health Strategy are consistent with those underlying the Australian health care system, and can only be met by the adoption of a strategic approach to rural health care needs and service provision.

These guiding principles are:

- Considerations of equity and access to quality health care are foremost in guiding the provision of rural health services.
- The provision of health services is guided by need as opposed to demand. This requires a population focus that specifically targets the identified health care needs and requirements of rural communities.
- It is important to ensure that rural health policies are an appropriate response to meeting current health needs and present circumstances of rural areas, and are not based on the inertia of historical practices and approaches to funding.
- Rural health care should be based on generalists who have broadly based competencies, with specialist support as required.
- Because mainstream funding criteria are often inappropriate for many small, geographically isolated rural communities, the provision of rural health services requires an emphasis on flexibility in funding, integration and coordination between health care providers and services, and close inter-sectoral cooperation with other programs, such as housing, employment and income security, transport, childcare and community services.
- In addition, innovative models of rural service delivery are required to meet the diverse health care needs of rural communities. Hallmark characteristics of these models include the need for a multifaceted and multidisciplinary approach, a focus on primary health care, and an emphasis on health promotion and illness prevention consistent with agreed National Health Goals and Targets.
- Local community and provider participation and involvement in health care planning, implementation and evaluation is essential to ensure responsiveness to local needs and circumstances.
- Rural health care policies must be sensitive to the social and cultural differences characteristic of rural and remote area populations. The opportunity for people to accept greater responsibility for and control of their own health should be encouraged.
- The development of suitable health outcome measures for reviewing progress towards agreed health goals and targets is a special priority. The provision of effective health services is ensured only by linking health service intervention with improved health outcomes.

- Continual monitoring of health needs and workforce requirements, and ongoing evaluation of health care services must remain an integral component of the rural health strategy, in order to ensure that changing rural health care needs are effectively met in a way that is consistent with the above principles, and in order to maximise the efficiency of services.

National goals are needed to ensure that the National Rural Health Strategy is directed towards achieving optimal health for all people in rural Australia. Such goals represent broad aspirations for improvement, and imply action without specifying or restricting the methods by which the goals might be achieved. In the current circumstances these goals are:

- to identify and document the nature and extent of rural health needs;
- to establish participative processes for the systematic planning of appropriate rural health services;
- to initiate measures to address the special health needs of all rural Australians, particularly Aboriginal and Torres Strait Islander communities and people with mental illness;
- to examine the provision of existing health services with a view to identifying their appropriateness and effectiveness in meeting rural health needs;
- to guide progress towards implementing National Health Goals and Targets in rural communities;
- to foster specific measures relating to the recruitment and retention of rural health care providers;
- to ensure that the particular skills and educational needs of rural health care providers are met through adequate training and support programs;
- to minimise the disincentives, barriers and problems that impede the delivery of effective health care to rural communities;
- to provide equitable access to effective and appropriate health services;
- to increase community and provider awareness of available services;
- to institute proper and systematic evaluation of new initiatives and ongoing health care programs designed to meet the needs of rural residents, with health outcome measures available to users; and
- to foster appropriate processes and structures between the various levels of government with a view to maximising the integration of and coordination among rural health services.

These goals are consistent with the objective of ensuring social justice for all rural Australians, including a fair distribution of resources and equitable access to essential services.

5 Priority national strategy issues

A National Rural Health Strategy provides a broad framework to guide the roles, inter-relationships and activities of the major rural health interest groups in their quest to ensure optimal health for all rural communities.

In order to ensure more equitable and accessible provision of appropriate rural health services, State Governments, in conjunction with rural health workers, should address the key workforce, resource allocation and service delivery issues. This requires implementing programs which deliver health services to rural communities more effectively and which enhance the ability of rural residents to access these services.

Concurrently with activities already being undertaken by Health Authorities to ensure improvements in the ways that health services meet the needs of rural communities, attention should be given to ways of promoting health and preventing illhealth and premature death, thereby maximising opportunities for rural residents to make healthy choices. Special attention needs to be given to remote Australia where the level of disadvantage is greatest.

State Governments have responsibility for the administration, organisation and delivery of rural health services, while the Commonwealth role is largely one of financing service provision. Because the context in which each Health Authority operates is different, it is important that the National Rural Health Strategy be seen as a framework providing flexible guidelines and directions for action, leaving each Health Authority free to develop implementation strategies appropriate to its circumstances.

Consistent with the recognised value of a strategic approach to rural health policies, Health Authorities and major rural health stakeholders have identified the following priority concerns and activities for achieving National Health Goals and Targets. These priorities form the basis for outcome measures by which to evaluate individual programs and the strategy as a whole. This process of evaluation should be conducted jointly by Commonwealth and State Health Authorities.

5.1 Strategic frameworks/regional plans

The provision of resources to rural communities and indeed for all other communities should be determined by needs-based criteria. For this reason, a population focus which assesses local and regional health care needs is required to guide resource allocation.

Particular attention needs to be given to developing community based approaches which include:

- creating awareness of service options;
- the skills and information required by communities to assist informed decision making; and
- the involvement of service providers and other stakeholders.

Strategic frameworks or regional plans should:

- enable the assessment of the health needs of populations in discrete geographical areas;
- facilitate the development of appropriate service models designed to maximise responsiveness to local needs;
- provide ample opportunity for consumer and community consultation and participation;
- help ensure maximum accessibility to services;
- maximise administrative economies;
- accommodate cross-border arrangements; and
- facilitate the redistribution of resources in line with changes in health care needs.

Since rural health care needs vary between communities and over time, continual monitoring to assess resource allocation priorities is imperative.

The development of strategic frameworks or regional health plans to determine the health and community services needs of a designated area will provide the basis for improved quality and efficiency in service delivery and care, and enable authorities to monitor progress in meeting their health care objectives.

Proposal 1: State and Territory Health Authorities should facilitate the development of strategic frameworks or regional plans for each of their rural regions incorporating National and Statewide policies and guidelines with informed community participation.

5.2 Service mix

States, confronting increased use of health services, are having to make difficult resource allocation decisions in the absence of an understanding and consensus on what range and level of health services are appropriate in different communities. Variations in the size, density and degree of isolation of rural populations result in considerable differences in the need for and the abilities of rural communities to sustain the range of health services¹⁰. Further work is required to develop model health plans as frameworks that determine what level and mix of services is appropriate and essential for different rural communities in order to provide effective health services. Such model plans help:

- to identify core health care needs that require a service response and in what arrangements; and
- to identify the extent to which similarities and differences in the pattern of health needs and service provision exist across communities in different rural locations.

Model health plans could be part of broader regional and sub-regional integrated planning developed in partnership with Commonwealth, State, and Local Governments, communities and non-Government organisations. The scope for testing alternative innovative ways of delivering health care to diverse rural communities is great and there is a strong case for developing and evaluating pilots.

Access to health services remains the issue of greatest concern for rural communities. Access relates to issues including transport, communications, availability of services, capacity to pay and cultural appropriateness.

Adequate transport and communications remain imperative in rural areas. These are critical in ensuring that rural residents have ready access to health services and that health care can be effectively delivered to rural populations.

Aeromedical services continue to play a vital role for both service delivery and adequate and efficient evacuation procedures. Other transport issues that need to be addressed include:

- the existence and level of availability of public transport services;
- the proximity of health services; and
- the coordination of health appointments and transport services.

The added costs associated with overcoming distance such as fares, postage of medical aids, accommodation and in some cases the need for a support person to assist in travelling are often very significant.

Proposal 2: Health Authorities, in conjunction with the community and non-government agencies, should further pursue the development of frameworks, such as model health plans, as examples of how services might best be delivered to rural communities. Initial attention should focus on developing models that identify the level and mix of health services appropriate for different sizes and types of rural communities. Among the factors such models will reflect are health status, the social and economic composition of the resident population, the nature of population change, geographic location and the distance of the community from major service centres.

Model health plans should be sufficiently flexible to cover the broad range of needs which characterise rural communities, and should maximise community participation and involvement in the planning process. A priority should be given to meeting the needs of people in remote areas.

Funding for this activity should be sought under the RHSET program with the Commonwealth establishing a steering group, including representatives of State Health Authorities, to commission and oversight the progress of activities.

5.3 Funding, coordination and integration

It has been noted already that health has a psychological and social dimension in addition to a biological one. For this reason the provision of health services extends beyond dealing only with acute and chronic diseases, and includes the need to address the broader issues of occupational and recreational activities, living conditions, and lifestyles as they impact upon the health of residents of small rural communities.

Inadequate housing, lack of social services and transport, poor education, limited employment opportunities and lifestyle factors such as poor diet, smoking, and alcohol and substance abuse all contribute to the health problems of rural communities.

This interrelationship is most apparent in Aboriginal and Torres Strait Islander populations. Health indicators such as the incidence of ear infection, diabetes, stillbirths, neo-natal deaths, perinatal mortality, and infant mortality provide ample evidence that the state of Aboriginal and Torres Strait Islander health is considerably worse than that of the wider community.

These problems require a systematic and coordinated response and close linkages with related programs and strategies such as the National Aboriginal Health Strategy. Local participation and empowerment are fundamental to the establishment of community based management, operation and delivery of services responsive to the health needs of Aboriginal and Torres Strait Islander communities.

Flexibility is the key to developing models which can address the varying needs of rural communities. Ensuring the provision of appropriate, accessible and adequately resourced rural health services in many small, isolated communities has proven to be impossible in the face of their inability to meet the criteria that underpin many mainstream health programs. Criteria governing health service programs often result in fragmented, short-term funding and contribute to the maintenance of health service inequities.

More flexible and innovative approaches and models of service delivery, such as multipurpose services, are required to provide continuity of care and a balanced mix of services appropriate to meeting local health care needs given limited resources. Models that enable rural health initiatives to be funded through pooled arrangements with other programs, such as aged care, across the Commonwealth and States may ensure that appropriate health and related services are available to the residents of small, isolated rural communities. For this to occur, funding must be based on criteria relating to service outputs and outcomes rather than program regulations.

The need for close integration, cooperation and resource sharing between Commonwealth and State programs which cross program boundaries is critical. The strong support for the multipurpose service concept in rural areas is clear evidence of the community desire for flexible and improved funding and management arrangements.

Models based on pooled funding arrangements provide increased flexibility and responsiveness to local communities by enabling them to participate in the development of particular services and deployment of the workforce in response to anticipated changes in the health and related needs of the community. Hence models should reflect community input and needs.

There is a strong belief that the ultimate success in improving effectiveness in the delivery of rural health services depends on community based management and devolving responsibility and funding to local communities. This is particularly the case in remote areas.

Using multipurpose service models to provide health services should be accelerated and extended to many more rural communities as a matter of urgency. While the development of innovative alternative models of service delivery is important, this should not be at the expense of reasonable access to acute care services in rural communities.

In seeking to address the special needs of many rural residents, a major concern relates to problems which arise from fragmented, sporadic and insecure sources of funding of non-government health service initiatives. Flexible funding on a longer term basis would permit better planning and would provide continuity of funding thereby allowing certainty of activity.

Proposal 3: The flexible approaches to funding and management arrangements between the Commonwealth and States for aged care and health services in rural communities should be accelerated and expanded. This is the subject of the current Australian Health Ministers' Advisory Council working party initiatives in relation to multipurpose services and nursing home type patients.

The delivery of integrated health services minimises the problems associated with lack of coordination between sometimes competing discrete health services. Recognising that many other programs and services (such as housing, employment and income security, social support, community care and transport) impact upon the health and welfare needs of rural communities, considerable scope exists to allow better coordination and linkages between these health-related services.

When rural health-related initiatives develop in different Commonwealth agencies, problems of duplication and inconsistency can emerge. Moreover, rural communities complain of having to deal with many separate departmental contacts and requirements.

The creation of a small Commonwealth Office of Rural Health would help to maximise the integration and coordination of activities relating to rural health and improve communication between State and Commonwealth Governments.

The role of such an office would include:

- providing strategic direction and facilitating better integration and coordination of existing Commonwealth programs;
- developing options for improved inter-sectoral coordination between Commonwealth and State agencies;
- improving communication with rural stakeholders including State and Territory Health Authorities;
- monitoring achievements in rural health against agreed strategies; and
- responsibility for oversight of the implementation of the National Rural Health Strategy within Commonwealth Agencies.

With these roles the Office would contribute to greater permanency and consistency in rural health activities being pursued by Commonwealth and State Governments.

In developing such an office, care should be taken to:

- ensure that actions relating to rural health issues continue as an integral part of mainstream programs; and
- safeguard against the possibility of marginalising or isolating rural health issues.

Proposal 4: A Commonwealth Office of Rural Health should be established in the Department of Human Services and Health to promote the integration and coordination of the funding and provision of rural health-related services.

5.4 Workforce recruitment, retention, education and training

While there has been a major and concerted effort by Health Authorities to address workforce issues, the gains achieved need to be re-inforced and the momentum maintained if further improvements are to be made.

Concurrently with actions being undertaken by Health Authorities to promote a primary health care approach to the organisation and delivery of rural health care, considerable work is still required to address ongoing rural health workforce problems and issues.

Despite a high degree of professional satisfaction gained from working in rural areas, and the many advantages of a rural lifestyle, there are problems of workforce shortage and maldistribution, excessive turnover and access to ongoing professional support which are exacerbated in remote areas because of the environment and circumstances of practice.

Maintaining ongoing programs demonstrated to be effective in enhancing recruitment and retention, education, training and support for rural health workers must remain foremost among rural health objectives. These are particularly important in remote areas where such programs must take account of the expense of recruiting staff, the need for staff to be adequately trained for the challenge of remote area practice, the retention problems of Aboriginal and Torres Strait Islander health workers, and the need for cross-cultural training for all health care providers.

Proposal 5: As well as supporting action in the priority areas proposed in this strategy, Health Authorities should continue initiatives aimed at improving the recruitment and retention of the rural health workforce.

Some workforce issues in particular warrant specific attention. New initiatives and greater emphasis must be placed on addressing how to attract health care providers to areas that are unserved, underserved or inappropriately served. Given evidence that a rural background is a major factor in determining whether a health care provider returns to practise in a rural area, it is important to investigate the scope for new initiatives as well as broadening existing programs of affirmative action relating to selection of undergraduates¹¹. Such measures:

- assist in recruiting health care providers to rural areas where they are needed;
- may increase the chances of retaining them in rural locations; and
- may provide a greater guarantee of ensuring continuity of care for rural communities.

Academic institutions need to be more responsive and innovative in meeting the education and training needs of rural health care providers. Decentralisation of training and education will enhance the relevance and appropriateness of skills of the rural health workforce. A combination of rurally based programs involving undergraduate, vocational, post-graduate and continuing education in collaboration with metropolitan institutions is encouraged.

A greater commitment to ensure that more training for all health care providers be made available in rural areas, including educational support in the form of training visits, would help to address rural health workforce needs.

In addition, the introduction of common core curricula for undergraduate health science students would better utilise resources by creating an opportunity to provide a primary health care focus for all health care providers and contribute to a better understanding and improved relationships between health occupations in the future. This could be extended to many post-graduate and continuing education activities.

Proposal 6: The Commonwealth, through the Minister for Health and the Minister for Employment, Education and Training should introduce:

- (a) arrangements which provide for tertiary institutions, on advice of AHMAC, to base decisions about health science course intake numbers and curricula that reflect workforce and workplace requirements;**
- (b) the adoption by tertiary education institutions conducting health science courses targets of:**
 - (i) a minimum of intakes of students from rural backgrounds in undergraduate courses no less than the proportion that rural communities represent of each State's population; and**
 - (ii) an increase in the number of undergraduate clinical placements being in rural locations;**
- (c) arrangements to undertake a comprehensive evaluation of undergraduate selection and rural clinical practice initiatives in order to assess their impact and effectiveness on the recruitment and retention of rural health care providers;**
- (d) curricula for health care provider courses of core units incorporating a primary health care approach to practice and cross-cultural training with an emphasis on Aborigines and Torres Strait Islanders where appropriate; and**
- (e) additional courses providing preparation for rural practice and options for reducing the costs to people undertaking those courses.**

The undersupply in rural areas of particular health care providers (such as specialists including psychiatrists, general practitioners, allied health workers, dentists and managers) continues to be a problem ¹².

In some rural areas, the diverse demands for health care places enormous pressure on isolated primary health care workers charged with the responsibility for providing a wide range of health related services. In many isolated and remote areas of Australia, Aboriginal and Torres Strait Islander health workers and remote area nurses are the key providers of health services.

The shortage of suitably trained specialists and GPs accords an expanded role and greater responsibility to some primary health care providers, and also disadvantages rural residents in terms of accessibility to services. Increases in the cost of medical defence (professional indemnity coverage) may contribute to a further reduction of procedural services such as obstetrics being locally available in rural areas.

Measures are required that increase the supply of specialists or that provide additional training for existing health care providers to supply and maintain services not otherwise available locally. The potential benefits of options such as increased use of mobile clinics, rural divisions of general practice, the advanced rural training year for GPs, rural rotations of health care providers operating from regional group practices and skill substitution by general practitioners have not yet been fully realised.

The need for quality assurance in the provision of rural health services is essential. The unique circumstances associated with rural health care requires special attention within overall quality assurance programs and accreditation guidelines such as those of the Community Health Accreditation and Standards Program and Australian Council on Health Care Standards.

Any developments in these areas need to be consistent with the role delineation and clinical privileging arrangements applying in each State and Territory.

Proposal 7: In conjunction with ongoing programs designed to recruit and retain health care providers in rural areas, all Health Authorities should identify and implement specific initiatives directed towards:

- (a) developing ways in which specialist medical support for rural GPs can be improved;**
- (b) increasing the availability of both resident and visiting specialist medical services in rural areas;**
- (c) increasing the availability of allied health personnel and managers in rural areas; and**
- (d) encouraging specialist medical colleges to take positive steps to improve:**
 - (i) the supply of suitably trained medical specialists in rural areas;**
 - (ii) training for generalists particularly in surgery; and**
 - (iii) training in mental health for general practitioners.**

It is unlikely that general practitioners and specialists will ever be readily accessible in remote areas. While remote area nurses and Aboriginal and Torres Strait Islander health workers have responded well to the challenge of remote area practice, more needs to be done to provide them with the training and support needed to enhance their practice.

Isolated communities and remote areas in particular face major problems in attracting and retaining suitably trained workforces. Specific measures are needed to support health care providers to cope in situations where they often work in isolation, infrastructure is inadequate, climatic conditions are extreme, transport and communications limited, and health problems such as injuries, road trauma, violence, mental illness, suicide, and alcohol and substance abuse are acute.

In providing support for rural health care providers, particular attention must be given to the significant role they play and the diversity of activities which they undertake in the normal course of their duties. For example, remote area nurses and Aboriginal and Torres Strait Islander health workers whose special skills are widely recognised have a unique role in meeting the particular health needs and realities of remote communities. Attention must be directed towards the need to formalise and legitimise the practice roles of rural nurses^{13,14}.

At the same time, the post-graduate training programs of primary health care workers must be examined in order to ensure that they are equipped with the competencies required to cope with the diverse range of activities that they are often called to perform. For example, the development and implementation of national core curricula, based on a primary health care philosophy and integrating an orientation and support program and public health principles, together with implementation of a national education program, has been suggested as one means of preparing isolated health care providers for their expanded practice.

A national approach to this issue that accords with State initiatives has advantages in ensuring suitable training for health care providers regardless of where they choose to practise.

Proposal 8: In relation to health care providers practising in rural Australia:

- (a) action should be taken to formalise and legitimise existing roles of rural nurses and Aboriginal and Torres Strait Islander health workers and to provide more resources to accelerate Aboriginal and Torres Strait Islander health worker education programs;**
- (b) pilot projects should be undertaken to evaluate alternative models for the practice roles of nurses and Aboriginal and Torres Strait Islander health workers in rural regions undersupplied with medical services; and**
- (c) An education and training strategy for remote area health care providers should be developed. This strategy should take account of:**
 - (i) training needs according to the circumstances of practice;**
 - (ii) the special needs of remote area nurses;**
 - (iii) the development of core curricula;**
 - (iv) arrangements for providing the training; and**
 - (v) arrangements to enable health care providers to undertake the training.**

This activity should be undertaken by AHMAC.

Increasing demands for health services by rural consumers coincides with limited and insufficient resources. This situation necessitates an investigation of the scope for workplace reform¹⁵. Best practice programs, which address the need to accelerate the process of workplace reform in health sector organisations, identify service delivery in rural and remote hospitals as a priority area. The goal is to enable existing services to meet the increasing and diverse health care needs of consumers more effectively as a result of innovations and changes.

Through the development, training and recognition of enhanced skills associated with multiskilling, health workers can enlarge the variety of work they might undertake within a job. The need for flexibility in the way in which rural health services are provided is most acute in isolated areas characterised by small, sparsely distributed populations.

Adoption of flexible work practices helps to ensure continuity of care and provision of the mix of services required to effectively meet local health care needs. Flexible work practices need to take into account the role of technology. At present there is a need to evaluate the contribution of health communications technology.

Proposal 9: Action should be taken by all Health Authorities to develop and implement innovative best practice models in order to maximise the opportunities for multiskilling of health workers and the expansion of multidisciplinary activities.

5.5 Special needs

The measures outlined already combine mainstream health programs with a flexible approach specifically oriented towards meeting the unique health care requirements of rural areas. Adoption of these measures by Health Authorities will facilitate the provision of more effective health services to rural communities.

At the same time, a National Rural Health Strategy should take into account the need to target some groups with special needs. Such activities should articulate closely with associated programs and strategies, such as the Health Goals and Targets for Australian Women, the National Mental Health Policy and the National Drug Strategic Plan.

Dependence on voluntary services to assist the operation and function of rural health care has been affected by the ageing of the population and the recent economic downturn in rural areas, and focused attention on the need to examine closely the role and needs of carers. The need to provide support for carers who are mostly women is a critical issue in rural areas. The significant role of many organisations providing support and education for carers and sufferers of specific disabilities, such as asthma, diabetes, and multiple sclerosis, and other services like family planning, should also be acknowledged.

The particular health care needs of Aborigines and Torres Strait Islanders warrant specific attention. The National Rural Health Strategy can support the momentum of the National Aboriginal Health Strategy by giving priority to consistent and complementary initiatives¹⁶.

The Burdekin Report highlights the special needs of rural Australia in relation to mental health and youth suicide, where isolation, recession and other social factors associated with small communities have exacerbated mental health problems ¹⁷. A severe shortage of appropriate mental health services for treatment and aftercare characterises rural areas of Australia. Programs should look to a community based approach with linkages to general practitioners and other service providers.

Proposal 10: During 1994-95, mainstream programs should seek to better meet the special needs of target groups in rural areas, and of these special priority should be given to improving:

- **the coordination and streamlining of funding and management of health services for Aborigines and Torres Strait Islanders; and**
- **rural mental health services.**

Rural Australia is characterised by considerable diversity in population composition, settlement patterns, environment, climate, and the role of distance as a barrier to service delivery. The significance of these factors varies across rural Australia, with remote communities being characterised by unique problems ¹⁸.

Mainstream services must respond to the special needs of Aborigines and Torres Strait Islanders. The effort to improve health status must address causal factors in partnership with Aboriginal and Torres Strait Islander communities with special emphasis directed at public health programs.

In recognition of the specific circumstances and unique health needs of these communities, health care approaches require considerably more flexibility than is characteristic of traditional clinical approaches to health service delivery. A primary health care focus could be increased through developing funding arrangements which allow the prevention and early detection of health disorders to be covered with appropriate remuneration for the resident or visiting doctor.

The adoption of suitable funding mechanisms should be augmented by education and training in primary health care methods and principles for all health care providers, together with a program to raise awareness of all members of the community of primary health care. Currently, the lack of understanding of the importance of a primary health care approach is a barrier to effective implementation.

Proposal 11: For isolated communities, there needs to be:

- (a) **a re-examination of the Medicare funding arrangements to better meet the unique health needs of those communities;**
- (b) **the development of funding mechanisms to facilitate a greater emphasis on primary health care;**

- (c) **an increase in the availability of training in public health, with Health Authorities facilitating increased participation by health care providers;**
- (d) **an investigation of the use of mobile or outreach services and flexible service delivery and management methods where population density is too low to support fixed services; and**
- (e) **increased training in and commitment to the primary health care approach, initially targeting community leaders and people with health service management roles.**

5.6 Rural health care goals and targets

Sparsely settled rural regions cannot sustain a full complement of primary, secondary and tertiary care health services. While local health services play a critical role in meeting the health needs of rural communities, the importance attributed by isolated rural inhabitants to ambulatory care, particularly aeromedical services, is recognition of the difficulty in accessing health services that are normally only available in major population centres.

The targeting of health service and workforce initiatives is designed to address short-term health care needs. This strategy recognises the need to implement actions designed to modify the complex underlying social and environmental determinants of illhealth in the longer term. Considerable scope exists to bring about significant improvements in the health status of rural communities by implementing effective primary health care programs.

Consistent with recognition that health is a function of more than just the availability of curative care, the provision of rural health services should reflect national goals and targets and accord greater attention to the gains that result from investment in different types of services. The momentum for this innovation is increasing as evidenced by the revised strategy of the Royal Flying Doctor Service ¹⁹.

The orientation towards a primary health care approach will necessitate a significant refocusing of community attitudes away from the current emphasis on curative care. Community perceptions of the role of local hospital services may change as people come to recognise the health benefits associated with community health services that seek to prevent illhealth and promote the adoption of healthy lifestyles and practices. Despite the lack of suitable rural baseline data, realistic targets can be proposed as benchmarks for monitoring progress in re-orienting consumer attitudes to accepting greater responsibility for their own health. The benchmarks set should be consistent with National Health Goals and Targets ²⁰.

Proposal 12: During 1994-5, special emphasis should be given by Health Authorities to implementing primary health care approaches for meeting rural health needs and to public health programs targeted towards the early detection and prevention of health

problems consistent with agreed National Health Goals and Targets. Given national recognition now being accorded to health promotion and prevention of ill health as a priority concern in rural areas, there should be a review of the Medicare funding arrangements in order to identify ways in which the arrangements, including Medical Benefits and incentive payments, could more appropriately support public health activities.

5.7 Health outcome measures

The importance of health outcomes for the health care system has been recognised as part of the Medicare Agreement and the development of nationally agreed health outcome measures is currently being pursued jointly by the Commonwealth and States.

The priorities targeted in this National Rural Health Strategy provide a core set of directions and facilitate the development of benchmarks to evaluate how well it is meeting its aim of providing optimal health for all rural Australians.

The adoption of outcome measures and indicators enables Health Authorities to monitor both the health status of the population and the performance of the health system. In recommending the need to undertake this activity, it is important to recognise that:

- health outcome indicators associated with the Medicare Agreements do not cover all rural health care services;
- the definition of desired health outcomes and investigation of suitable strategies will take some years;
- the advantages of collaboration and need to avoid duplication in health outcome indicators activity;
- insufficient time has elapsed with some rural health initiatives to gauge health outcomes; and
- the development of indicators needs to be an ongoing process, responding to changes of focus, priorities and information in health.

For these reasons, this strategy accords priority initially to the development of indicators which enable the monitoring of rural health policy implementation rather than to provide a definitive measure of program accomplishment. The process of identifying suitable benchmarks will need to recognise each State's circumstance, and allow for progress to be assessed with respect to the baseline from which each State is moving. Community and consumer consultation should be integral to the data collection and evaluation process.

In developing health outcome measures, the principles underpinning data collection and information use should be based on the information needs of the community, and should take account of the important issues of ownership of information and confidentiality that are particularly sensitive in small and/or Aboriginal and Torres Strait Islander communities.

Proposal 13: It is suggested that AHMAC supports the development and adoption of national and local indicators for rural and remote Australia in order to:

- measure performance in the development and delivery of services;
- measure the health status of rural and remote populations;
- monitor health outcomes for rural and remote populations, including those for specifically targeted groups; and
- provide communities with information about their health status,

by requesting the State/Commonwealth steering group outlined in proposal 2 to report to AHMAC on:

- the current status of indicator use and development;
- priority areas for funding of special projects to advance the development of indicators for specific rural issues; and
- targets for health status of rural and remote populations.

It is further proposed that, pending the development of indicators, an interim set of outcome measures be adopted to monitor the progress of health service performance in rural and remote areas which relate to the priorities outlined above, namely:

- Regional health plans or frameworks are available to provide directions for the delivery of rural health services;
- Applications for funding to pilot model health plans within priority categories have been submitted to RHSET;
- The number of multipurpose trial sites has been expanded and alternative funding models implemented;
- There is an increase in the number of rural health service personnel accessing rural health training programs; and
- There is an increase in the supply of targeted health care providers and a reduction in the turnover rate of health care providers employed in rural areas.

6

Implementation and future national initiatives

The measures targeted in this strategy offer the prospect of significantly improving rural health. To do so however requires that all levels of government, health care providers, organisations and communities work in partnership.

Consultation, collaboration, coordination, integration and community participation are central components of any successful implementation process.

While this strategy provides an agreed national framework to focus rural health activities, the nature of the exact measures and how they are developed are best determined by State, regional and local jurisdictions in conjunction with consumers and communities. The development of implementation plans, including outcome measures, at these levels, consistent with the priorities identified in this strategy, provides the basis for monitoring and evaluating progress towards National Health Goals and Targets throughout all rural communities and ensuring accountability.

It will be necessary to continue to develop future national initiatives on a collaborative basis in order to guide the development and implementation of a national approach to rural health.

The direction needed for this should be provided by the Australian Health Ministers' Conference after it has completed an annual review of progress in rural health. This annual review should be based on an assessment of the progress made on implementing the thirteen proposals set out in this Strategy supplemented by advice from Health Authorities on their other initiatives.

The conclusions of the Conference's review should be published together with an outline of the national priorities endorsed for the coming year and any changes in the direction of the Strategy.

This approach would provide rural health stakeholders with the information needed for them to contribute to the ongoing development of rural health policy.

With the establishment of the Office of Rural Health, the Office should oversight and facilitate this review process.

- Proposal 1:** State and Territory Health Authorities should facilitate the development of strategic frameworks or regional plans for each of their rural regions incorporating National and Statewide policies and guidelines with informed community participation.
- Proposal 2:** Health Authorities, in conjunction with the community and non-government agencies, should further pursue the development of frameworks, such as model health plans, as examples of how services might best be delivered to rural communities. Initial attention should focus on developing models that identify the level and mix of health services appropriate for different sizes and types of rural communities. Among the factors such models will reflect are health status, the social and economic composition of the resident population, the nature of population change, geographic location and the distance of the community from major service centres.
- Model health plans should be sufficiently flexible to cover the broad range of needs which characterise rural communities, and should maximise community participation and involvement in the planning process. A priority should be given to meeting the needs of people in remote areas.
- Funding for this activity should be sought under the RHSET program with the Commonwealth establishing a steering group, including representatives of State Health Authorities, to commission and oversight the progress of activities.
- Proposal 3:** The flexible approaches to funding and management arrangements between the Commonwealth and States for aged care and health services in rural communities should be accelerated and expanded. This is the subject of the current Australian Health Ministers' Advisory Council working party initiatives in relation to multipurpose services and nursing home type patients.

- Proposal 4:** A Commonwealth Office of Rural Health should be established in the Department of Human Services and Health to promote the integration and coordination of the funding and provision of rural health-related services.
- Proposal 5:** As well as supporting action in the priority areas proposed in this strategy, Health Authorities should continue initiatives aimed at improving the recruitment and retention of the rural health workforce.
- Proposal 6:** The Commonwealth, through the Minister for Health and the Minister for Employment, Education and Training should introduce:
- (a) arrangements which provide for tertiary institutions, on advice of AHMAC, to base decisions about health science course intake numbers and curricula that reflect workforce and workplace requirements;
 - (b) the adoption by tertiary education institutions conducting health science courses targets of:
 - (i) a minimum of intakes of students from rural backgrounds in undergraduate courses no less than the proportion that rural communities represent of each State's population; and
 - (ii) an increase in the number of undergraduate clinical placements being in rural locations;
 - (c) arrangements to undertake a comprehensive evaluation of undergraduate selection and rural clinical practice initiatives in order to assess their impact and effectiveness on the recruitment and retention of rural health care providers;
 - (d) curricula for health care provider courses of core units incorporating a primary health care approach to practice and cross-cultural training with an emphasis on Aborigines and Torres Strait Islanders where appropriate; and
 - (e) additional courses providing preparation for rural practice and options for reducing the costs to people undertaking those courses.

Proposal 7: In conjunction with ongoing programs designed to recruit and retain health care providers in rural areas, all Health Authorities should identify and implement specific initiatives directed towards:

- (a) developing ways in which specialist medical support for rural GPs can be improved;
- (b) increasing the availability of both resident and visiting specialist medical services in rural areas;
- (c) increasing the availability of allied health personnel and managers in rural areas; and
- (d) encouraging specialist medical colleges to take positive steps to improve:
 - (i) the supply of suitably trained medical specialists in rural areas;
 - (ii) training for generalists particularly in surgery; and
 - (iii) training in mental health for general practitioners.

Proposal 8: In relation to health care providers practising in rural Australia:

- (a) action should be taken to formalise and legitimise existing roles of rural nurses and Aboriginal and Torres Strait Islander health workers and to provide more resources to accelerate Aboriginal and Torres Strait Islander health worker education programs;
- (b) pilot projects should be undertaken to evaluate alternative models for the practice roles of nurses and Aboriginal and Torres Strait Islander health workers in rural regions undersupplied with medical services; and
- (c) An education and training strategy for remote area health care providers should be developed. This strategy should take account of:
 - (i) training needs according to the circumstances of practice;
 - (ii) the special needs of remote area nurses;
 - (iii) the development of core curricula;
 - (iv) arrangements for providing the training; and
 - (v) arrangements to enable health care providers to undertake the training.

This activity should be undertaken by AHMAC.

- Proposal 9:** Action should be taken by all Health Authorities to develop and implement innovative best practice models in order to maximise the opportunities for multiskilling of health workers and the expansion of multidisciplinary activities.
- Proposal 10:** During 1994-5, mainstream programs should seek to better meet the special needs of target groups in rural areas, and of these special priority should be given to improving:
- the coordination and streamlining of funding and management of health services for Aborigines and Torres Strait Islanders; and
 - rural mental health services.
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- (a) a re-examination of the Medicare funding arrangements to better meet the unique health needs of those communities;
 - (b) the development of funding mechanisms to facilitate a greater emphasis on primary health care;
 - (c) an increase in the availability of training in public health, with Health Authorities facilitating increased participation by health care providers;
 - (d) an investigation of the use of mobile or outreach services and flexible service delivery and management methods where population density is too low to support fixed services; and
 - (e) increased training in and commitment to the primary health care approach, initially targeting community leaders and people with health service management roles.
- Proposal 12:** During 1994-5, special emphasis should be given by Health Authorities to implementing primary health care approaches for meeting rural health needs and to public health programs targeted towards the early detection and prevention of health problems consistent with agreed National Health Goals and Targets. Given national recognition now being accorded to health promotion and prevention of ill health as a priority concern in rural areas, there should be a review of the Medicare funding arrangements in order to identify ways in which the arrangements, including Medical Benefits and incentive payments, could more appropriately support public health activities.

Proposal 13: It is suggested that AHMAC supports the development and adoption of national and local indicators for rural and remote Australia in order to:

- measure performance in the development and delivery of services;
- measure the health status of rural and remote populations;
- monitor health outcomes for rural and remote populations, including those for specifically targeted groups; and
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by requesting the State/Commonwealth steering group outlined in proposal 2 to report to AHMAC on:

- the current status of indicator use and development;
- priority areas for funding of special projects to advance the development of indicators for specific rural issues; and
- targets for health status of rural and remote populations.

It is further proposed that, pending the development of indicators, an interim set of outcome measures be adopted to monitor the progress of health service performance in rural and remote areas which relate to the priorities outlined above, namely:

- Regional health plans or frameworks are available to provide directions for the delivery of rural health services;
- Applications for funding to pilot model health plans within priority categories have been submitted to RHSET;
- The number of multipurpose trial sites has been expanded and alternative funding models implemented;
- There is an increase in the number of rural health service personnel accessing rural health training programs; and
- There is an increase in the supply of targeted health care providers and a reduction in the turnover rate of health care providers employed in rural areas.

References

- 1 Department of Human Services and Health, 1994: *Rural/Remote Areas Classification*, Canberra.
- 2 Australian Institute of Health and Welfare, 1992: *Australia's Health*, Canberra, Australian Government Publishing Service.
- 3 Britt, H., Miles, D.A., Bridges-Webb, C., Neary, S., Charles, J. & Traynor, V., 1993: A comparison of country and metropolitan practice, *The Medical Journal of Australia*, Supplement, 1 November.
- 4 Humphreys, J.S., Rolley, F. & Weinand, H.C., 1992: How healthy is life in the bush? Problems associated with the assessment of health status in rural Australia, *The Australian Journal of Rural Health*, 1, 1, 17-27.
- 5 National Rural Health Conference, 1991: *Conference Proceedings*, Toowoomba, Queensland.
- 6 Reid, J. & Trompf, P., 1991: *The Health of Aboriginal Australia*, Sydney, Harcourt Brace Jovanovich.
- 7 House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 1993: *Access and Equity — Rhetoric or Reality?*, Canberra, Australian Government Publishing Service.
- 8 Department of Community Services and Health, 1991: *A Fair Go for Rural Health*, Canberra.
- 9 Second National Rural Health Conference, 1993: *Conference Proceedings*, Armidale, New South Wales.
- 10 National Health Strategy, 1992: *Improving Australia's Rural Health and Aged Care Services*, Background Paper No. 11, Canberra.
- 11 Adikhari, P., Calcino, G. & Dickinson, J., 1993: Geographical mobility of general practitioners, Paper presented at the Second National Rural Health Conference, Armidale.
- 12 Humphreys, J. & Rolley, F., 1991: *Health and Health Care in Rural Australia*, Armidale.
- 13 New South Wales Health Department, 1992: *Nurse Practitioners in NSW*, Discussion Paper, Sydney.
- 14 New South Wales Health Department, 1993: *Nurse Practitioners Review Stage 2*, Sydney.

- 15 National Health Strategy, 1993: *Health that Works: Workplace Reform and Best Practice in the Australian Health Industry*, Canberra.
- 16 National Aboriginal Health Strategy Working Party, 1989: *A National Aboriginal Health Strategy*, Canberra.
- 17 Australian Government Publishing Service, 1993: *Human Rights and Mental Illness: Report of the National Inquiry into Human Rights of People with Mental Illness*, Canberra, Australian Government Publishing Service.
- 18 Australian Science and Technology Council, 1992: *Research and Technology in Tropical Australia Symposium*, Canberra, Australian Government Publishing Service.
- 19 Report of the National Health Strategy Working Group to the Australian Council of the Royal Flying Doctor Service, 1993: *The Best for the Bush*.
- 20 Nutbeam, D., Wise, M., Harris, E. & Leeder, S., 1993: *Goals and Targets for Australia's Health in the Year 2000 and Beyond*, Canberra, Australian Government Publishing Service.