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## **Being well – promoting arts and health in Australia’s cultural policy**

### **Submission on the National Cultural Policy Discussion Paper**

**October 2011**

*This Submission is based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.*

## BEING WELL – PROMOTING ARTS AND HEALTH IN AUSTRALIA'S CULTURAL POLICY

*The National Rural Health Alliance's vision is good health and wellbeing in rural and remote Australia.*

Being well means much more than experiencing an absence of disease. That is certainly an important pre-condition but increasingly we are coming to understand that one's lifestyle and the psychological and spiritual aspects of *being* are critical elements of health. Within this broad context lies the strong relationship between creative involvement in cultural activity and health and wellbeing. Leaders of the rural and remote health sector now accept the benefit of involvement in creativity and the arts are major contributors to living healthy lives.

The National Rural Health Alliance has long advocated the place of the arts in the healthy life of Australians. In its policy work the Alliance gives high priority to the social and economic determinants of health. The Alliance has consistently supported a prominent place for arts initiatives both in its programming for successive National Rural Health Conferences and in its advocacy to government on rural and remote health policy. The Alliance position reflects the key functions that art can play in the life of a community:

- art in its various forms is used as a means of communication on health and health-related issues;
- art is itself therapeutic and is widely used to complement treatment and management; and
- art is widely used as a force for community development, to sustain communities and develop their capacity to deliver health-promoting lifestyles.

Through its various activities in the area, the Alliance has developed close working relationships with key national arts organisations such as Regional Arts Australia and Arts Access Australia and recently with the Arts and Health Foundation. Particularly in the context of conference organisation, links have also been developed with major regional arts organisations such as Murray Arts (Albury, 2007), Arts Nexus (Cairns, 2008) and Country Arts WA (Perth, 2011). The Alliance objective has been to enhance the conference experience and to showcase the potential contribution of high quality arts components. At the same time, the formal inclusion of arts-in-health within the themes of successive National Rural Health conferences has improved awareness of the capacities and contributions of the arts to health and wellbeing. (See Attachment 1)

While the Alliance takes a broad view of the benefits of the arts to health and wellbeing, it also recognises that there is great potential for the arts to play a vital role in the lives of people with disabilities and special needs. The 2009 Public Seminar arranged by the Alliance in conjunction with CouncilFest focused on *From creative ageing to end-of-life in rural and remote Australia*. Seminar presenters included several international speakers who provided evidence of the positive contributions local and outreach arts programs can make for creative ageing – and as support for overworked carers.

The Alliance's position has received strong endorsement from successive National Rural Health Conferences. Priority recommendations at recent conferences (see Attachment 1) have shown that across the rural and remote health sector there is strong recognition of and support for extending arts-and-health initiatives.

In seeking to implement the recommendations of the 2009 National Rural Health Conference, the Alliance joined with Regional Arts Australia to support the publication of *seeded – great arts stories grown in regional Australia*. It documents 13 great arts and health projects from rural, regional or remote Australia. They include the Tree project, a remarkable response to the disastrous Victoria bushfires, and *Dust*, the theatre performance that brought home the issues of asbestos contamination to rural communities in Victoria. There is also the Cooma (NSW) multimedia project *Beyond Roundabouts* that addressed life challenges for young parents and won State and National Arts Health Foundation Awards in 2010. Also noteworthy is the Western Desert Kidney Health project which is helping to achieve significant preventive health outcomes in Aboriginal communities in Western Australia.

In 2011, the Alliance wrote to the Ministers for Health and Ageing and the Arts to seek funding support for arts and health projects similar to those celebrated in *seeded*. The Alliance was heartened by the response by Minister Crean, replying on behalf of both Ministers, which, although it did not accept the recommendation, firmly recognised that arts and health deserved consideration in the national cultural policy consultation.

Through the Alliance's partnership with the Arts and Health Foundation and Regional Arts Australia we have collaborated to develop a wide ranging submission advocating a much greater recognition of the place of arts and health in Australia's national cultural policy. The Alliance is pleased to endorse the broad thrust of that submission and to support its key recommendations:

1. Australia's cultural policy should recognise Arts and Health as a legitimate and established area of cultural practice.
2. Australia's cultural policy should call for the development of a National Arts and Health Policy and Strategy which endorses the importance of the work, establishes agreement on where strategic investment needs to be made and provides a framework within which the many participants in arts and health can locate their work.
3. The Minister for the Arts should convene an ongoing network of arts and public health practitioners to identify and address barriers to shared understanding and practice.
4. Australia's cultural policy should recognise and support the expertise of the community arts and cultural development sector in brokering and sustaining cross sectoral partnerships. Building on their success is critical to a successful realisation of the whole-of-government objectives for the policy.

## **Attachment 1**

### **RECENT PRIORITY RECOMMENDATIONS OF THE NATIONAL RURAL HEALTH CONFERENCE**

#### **11<sup>th</sup> Conference, Perth 2011**

##### *Partnerships: arts and health*

5. It is proposed that Regional Arts Australia and the National Rural Health Alliance combine in efforts to have Commonwealth and State/Territory governments agree and fund a national arts and health program. Among other things such a program would provide sustainable recurrent funding for the types of successful health programs illustrated in *Seeded – great arts and health stories grown in regional Australia*.

#### **10<sup>th</sup> Conference, Cairns 2009**

##### *Arts in health*

12. Art can play an effective role in stimulating action on access by and for people with a disability so that they can make a contribution to the community and its diverse and dynamic culture. Governments should recognise and generously support arts activities involving disabled people as positive pathways to supplement other supportive interventions promoting citizens' wellbeing.

13. Scientific evidence demonstrates that 'Arts and Health' is integral for preserving and enhancing health and wellbeing for individuals and communities. The health sector should develop partnerships with the arts and education sectors to facilitate policy development, practice and research in the field of Arts and Health. Also, Arts-in-Health practitioners should be accepted as professional specialists within multi-disciplinary health care teams.

14. Art is useful as a way of contributing to community healing post-disaster, and engendering healing, resilience and positive outcomes. This requires creative endeavours within a community to be well supported.

15. Rural health programs (including especially for child and adolescent trauma rehabilitation) should incorporate traditional rural pastimes and arts to build acceptance, worth, recovery and resilience in the communities involved.

16. Professional teams delivering health and community development should recognise that artists have highly developed technical skills which can be used to communicate with target audiences and provide them with tools and products which they find easy to use and effective.

#### **9th Conference, Albury 2007**

6. There is substantial evidence that arts activities are valuable both as a means of communication of health messages, as health promoting and community development activities, and as therapy. Commonwealth and State health authorities should therefore have substantial budget line-items for arts-in-health programs, including those that are already established and shown to be effective. In addition, the Australia Council should create a new program specifically for arts-in-health.

## Attachment 2

### MEMBER BODIES OF THE NATIONAL RURAL HEALTH ALLIANCE

|                     |   |
|---------------------|---|
| <b>ACHSM</b>        | Australasian College of Health Service Management   |
| <b>ACRRM</b>        | Australian College of Rural and Remote Medicine   |
| <b>AGPN</b>         | Australian General Practice Network   |
| <b>AHHA</b>         | Australian Healthcare & Hospitals Association   |
| <b>AHPARR</b>       | Allied Health Professions Australia Rural and Remote  |
| <b>AIDA</b>         | Australian Indigenous Doctors' Association  |
| <b>ANF</b>          | Australian Nursing Federation (rural members)   |
| <b>APA (RMN)</b>    | Australian Physiotherapy Association Rural Member Network   |
| <b>APS</b>          | Australian Paediatric Society   |
| <b>APS (RRPIG)</b>  | Australian Psychological Society (Rural and Remote Psychology Interest Group)   |
| <b>ARHEN</b>        | Australian Rural Health Education Network Limited   |
| <b>CAA (RRG)</b>    | Council of Ambulance Authorities (Rural and Remote Group)   |
| <b>CHA</b>          | Catholic Health Australia (rural members)   |
| <b>CRANaplus</b>    | CRANaplus – the professional body for all remote health   |
| <b>CWAA</b>         | Country Women's Association of Australia  |
| <b>FS</b>           | Frontier Services of the Uniting Church in Australia  |
| <b>HCRRRA</b>       | Health Consumers of Rural and Remote Australia  |
| <b>ICPA</b>         | Isolated Children's Parents' Association  |
| <b>NACCHO</b>       | National Aboriginal Community Controlled Health Organisation  |
| <b>NRHSN</b>        | National Rural Health Students' Network   |
| <b>PA (RRSIG)</b>   | Paramedics Australasia (Rural and Remote Special Interest Group)  |
| <b>RACGP (NRF)</b>  | National Rural Faculty of the Royal Australian College of General Practitioners   |
| <b>RDAA</b>         | Rural Doctors Association of Australia  |
| <b>RDN of ADA</b>   | Rural Dentists' Network of the Australian Dental Association  |
| <b>RHW</b>          | Rural Health Workforce  |
| <b>RFDS</b>         | Royal Flying Doctor Service   |
| <b>RHEF</b>         | Rural Health Education Foundation   |
| <b>RIHG of CAA</b>  | Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia   |
| <b>RNMF of RCNA</b> | Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia   |
| <b>ROG of OAA</b>   | Rural Optometry Group of the Australian Optometrists Association  |
| <b>RPA</b>          | 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 |
| <b>SARRAH</b>       | Services for Australian Rural and Remote Allied Health  |