

NATIONAL RURAL HEALTH ALLIANCE INC

PUBLIC SEMINAR

'KEY ISSUES IN RURAL AND REMOTE HEALTH'

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DISCUSSION

FEMALE SPEAKER [off mic]: north west Victoria, are these programs going to be used the rest of the nation, because I know that we're losing people left, right and centre in Victoria and, you know, the whole thing – I was involved with rural counselling for a long time and I was a counsellor and I realise all the problems that are there, but I think that the programs

ANNE TONNA: I think the potential is there to extend the work and I don't think that we're the only state having an interest in this particular – the farming sector and the particular ways of working, and I guess it's just a matter of finding those enabling strategies that would make sure that the communication can happen across the states, and yes, communicating I think is a part of that, and certainly I'm impressed by the enormous amount of goodwill there is out there in terms of making a model like this successful. So we'll be keeping our antenna, I guess, out for opportunities to work more broadly. I mean, clearly we're working in New South Wales, but to communicate more broadly about what's happening and to learn from others what they're doing and what's working for them as well.

JOHN WAKERMAN: Anne, can I ask you a question? There's been a very substantial mental health funding package, or substantial commitment of money from the federal government and from the states to addressing mental health needs generally, not just rural and remote mental health. We've got a little bit of information about how that money is spent, not a lot of detail as yet, or I don't, anyway. From what you know and from what we know in terms of how that money is going to be spent, some of the results that you presented there from the work that you were talking about, is that consistent with how it looks like that money is going to be spent?

ANNE TONNA: I'm probably not in a position to make that sort of a comment. I would probably need to look more at the broader strategy. I'm very familiar with how we're working at the Centre; perhaps less well-informed in order to make an accurate response to the question that you're asking.

JOHN WAKERMAN: Sure, that's fine.

MALE SPEAKER [off mic]: from the ANU. Anne, I'd be interested to know to what extent you were able to plumb this question about impacts of the drought and particularly what is looking increasingly prolonged running, not just on the adult members of the community, who I imagine the ones most likely to be seeking the sorts of services you described, but on the children, perhaps the very young children, just in terms of anxieties, tensions, hopes and expectations within these sorts of changing and sometimes dire circumstances.

ANNE TONNA: We're not doing any particular work with children around the drought at the moment, but anecdotally we're aware of some of the impacts for people. As farm income changes, children often have to come home from school and help around the farm. We know that they're very concerned for their parents and what's happening in the family. So I think it is an important area. It's not something that we're doing anything particularly in terms of plumbing what's going on for them, but we know it's an important area.

RAY WALKER [off mic]: Ray Walker. I had occasion a little while ago to sort of look at some in rural areas, and I was wondering, John, given the sort of the details that rural health services, what sort of aspects or learnings or comparisons or cooperations might be available by working with the education sector?

JOHN HUMPHREYS: I think, Ray, in an ideal world you would want under a primary healthcare approach to ensure that that was very, very close indeed. A lot of the work that we did I guess focused on the health service and not necessarily those links, though the team had a very good sort of familiarity with those sorts of links. There's no doubt, for example, in terms of workforce supply that there are links between rural origin, educational retention, educational training, whether it's devolved into regional training institutions and practice through to the workforce, but I think you have to look at the whole continuum of workforce and then match that against things like the characteristics of providers, including spouses, family, stage of the life cycle. Is that sort of thing that you were asking?

RAY WALKER [off mic]: Yes, but I guess there was also an issue – well, I guess there's an issue in terms of the commitment that governments have to delivering services where, you know, 130 years ago governments have made deliberative education an absolute But they don't seem to clearly have as much commitment to delivering services.

JOHN HUMPHREYS: I can't say much about that. I think I know what you're saying. I mean, there is clearly a silo mentality which is one of the stumbling blocks around how you build up services that are relevant to primary healthcare along the way. We didn't investigate that specifically, Ray.

GORDON LEWIS: My name is Gordon Lewis and I'm the Branch Manager of the Branch in Family and Community Services I thought I might offer a comment in answer to your earlier question, and perhaps a few words of solace or positive comment on what's been said. we have three of the \$1.1 million One of those measures is mentors, and we consulted around the country and we're working with state governments around how best to do that under the COAG banner. And certainly our intention and our thinking and was around spending in rural and regional areas. And certainly a number of the issue you've raised today in terms of having appropriate connections in the use of services and other arrangements in place at a local level would be critical. So for those of you who'd like to talk to us on the website and I can get all the details if you like, and we'd be very happy to hear from you about how you think

JOHN WAKERMAN: Thanks for that. I think there might be a few people that would like a card from you. Any other questions or comments?

SHARON [off mic]: This is just a very quick comment, John, just to say for what it's worth that I found your way of conceptualising the rural health service delivery model for the needs and particularly the continuum that you provided where you talked about the context and the health service delivery going from rural to remote and all the various different models that may be applicable, to be particularly useful in our understanding as well, and a lot of what was said very much resonated with me. I know that who is one of my team has been on the steering group for your project and just to let you know that I think we really look forward to working with you and to seeing your report. I enjoyed your presentation.

JOHN HUMPHREYS: Thanks, Sharon. I suppose one I would say is that there are always dangers in developing typologies and some of the models for example translate across boundaries, so that you can have – you know, we deliberated at length about the role of tele-health as a model per se I suppose from a means that is very important in a whole range of different sorts of ways of delivering care. But the report gives details. And look, John, Bob or I would be more than happy to talk to people one on one. You can access us through our contacts.

RON [off mic]: Ron from Indigenous Doctors. I'm just trying to remember your slide, John, about knowledge, decision and implementation, and I guess in an ideal world we contribute to the knowledge base, decisions policy would be made and then implementation would occur. But I just wonder if you had any comments about particularly the sort of policy/program interface and the sorts of drivers, political or otherwise, that contributed or were inhibitors

to that happening, whether that came out as a – I mean whether there are any illustrative points within the research that you could comment on.

JOHN HUMPREYS: I think that's a really good question. Let me answer it indirectly. My previous work in another life – and I was actually seconded to the department for 12 months and had the experience of looking at it from the policy arena. If you take it from that perspective, if you see it in a different light, I guess what I think is – I was just trying to summarise some of the issues. It's much more complex. There are cyclical relationships even in terms of knowledge generation around how you solve problems that involve policy per se.

I think that we do too little in terms of understanding the policy imperatives and what the inhibitors and facilitators are to get that through. I mean, generating new knowledge is probably easy in comparison to how one brings about utilisation of knowledge to solve problems, and there are whole issues around who takes carriage, what sorts of timeframe, where does the accountability lie, what's the process of evaluation by which you – I know I'm not answering your question. I know what you're getting at, but I guess we had to draw limits around this particular exercise.

What's going to be very interesting I think is that the same team has been funded now to go in depth and look at half a dozen of these models in real depth and tease that out, and I think that's the stage at which we will probably get insights into the question you're asking. We'd be happy to link with you on that.

JOHN WAKERMAN: I think everybody is hungry. All right, any final comments or questions? All right, we might wind things up in a moment. We'll thank the two presenters and all of the presenters today. We had people coming from all over the country to tell their stories and we're very appreciative of that. We raised a number of priority issues for the Alliance relating to patient access to specialist services, oral and dental health, mental health, appropriate service delivery models, and these are going to say on the Alliance's agenda very firmly over the next 12 or 18 months or so, particularly in the lead up to the next election.

I think for all of us the message is, if we want to ensure that some of this information does get translated into policy and programs, there is a window of opportunity now in that lead up and all of us as individuals and through our organisations need to be very clear about what our priorities are and what we want. So let's thank all the presenters in one moment, and just for the counsellors, could you just stay behind for a couple of minutes, please, when everybody else goes? So thank you all for attending and thank you to all the presenters.