

Healthy Horizons: outlook 2003–2007

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PURPOSE

The purpose of this session is to provide Conference delegates with some insights into the development and implementation of Healthy Horizons, a framework for improving the health of rural, regional and remote Australians.

This is important to us all, as people living in rural, regional and remote Australia experience significant health disadvantage when compared to those living in metropolitan areas and the level of disadvantage worsens with remoteness.

This central fact is the driving force behind the development of the Framework for action by all governments and the National Rural Health Alliance.

Their shared vision is that:

People living in rural, regional and remote Australia will be as healthy as other Australians and have the skills and capacity to maintain healthy communities.

In describing Healthy Horizons: Outlook 2003–2007, I will be talking about the purpose of the Framework and given that it was first released in 1999, I will also be giving some background on its impact and progress so far.

I will then be describing the content of the Framework and the main areas of action and finally I will be outlining what you can expect to see over the course of the next four years in the implementation of the framework.

BACKGROUND

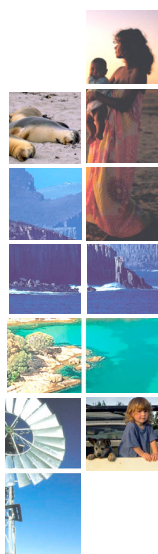
The purpose of Healthy Horizons as a Framework is to achieve its vision in two ways:

1. To harness the effort of Commonwealth, State and territory governments in an endeavour to achieve improved health across rural, regional and remote Australia. As the major funders and with responsibility for overall health policy and planning an agreement amongst governments is essential.

The addition of the National Rural Health Alliance as partners in this endeavour is equally important as they represent the major health related organisations, with 24 national member bodies.

This represent a very powerful alliance of government and the wider health industry.

Clearly each State and Territory has different priorities, so Healthy Horizons seeks to provide some clear goals and actions of mutual benefit and interest at



the broad level, while within those goals each State and Territory is able to develop their own approaches and their own emphasis.

2. The framework also works to influence other national health strategies and ensure they accommodate the issues, concerns and aspirations of rural communities and that a fair share of the resources and effort are targeted in an effective way. The Framework also informs other areas of government and the industry on the critical success factors associated with providing services in rural, regional and remote Australia. This means the Framework has very wide application and value.

So the Framework not only harnesses effort in health, but recognises other influences on health outcomes in areas such as housing, employment and transport.

It is this latter approach that meant that Healthy Horizons had a difficult beginning. It was first launched in 1999 at the 5th National Rural Health Conference in Adelaide. Because it was different – It wasn't a national health strategy like the National Mental Health Strategy or the National Diabetes Strategy and it didn't have a discrete amount of money attached to it. I can remember when it was launched it was met with a fair degree of cynicism.

What good is a strategy if it doesn't have money attached to it

It's not specific enough

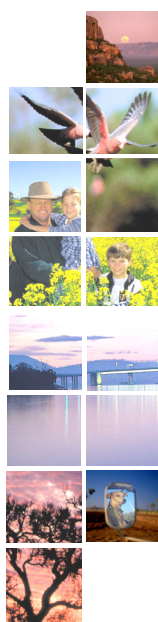
It was difficult to convince people at that time, but I can confidently say that in the past four years people have begun to see its value.

Perhaps the best example of this is the content of the progress report which was finalised by the Commonwealth State and Territory governments and submitted to AHMAC in 2002. This report detailed the achievements under the Framework over the previous three years. A full copy of the report and summary can be found on the National Rural Health Alliance new website at www.ruralhealth.org.au

PROGRESS REPORT

The report goes into significant detail on the contributions that have been made and include actions such as:

- Commonwealth spending of over \$1.2 billion on targeted programs for rural health and aged care since 1996, including provision of \$550m for the regional health strategy (2000/2001 Budget)
- establishment of the New South Wales Rural Health Implementation Co-ordination Group to implement the recommendations of both the NSW Ministerial Advisory Committee in smaller towns (Sinclair Report) and the NSW Health Council report in relation to rural and remote health issues
- establishment of the Rural and Regional Health and Aged Care Services Division within the Victorian Department of Human Services



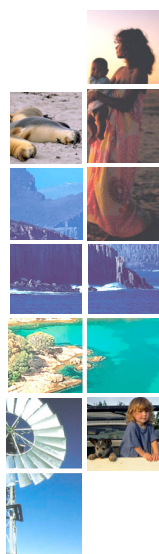
- establishment of a Ministerial Rural Health Advisory Council in Queensland to provide strategic advice in relation to contemporary rural health issues
- establishment of the Country and Disability Services Division (now known as the Social Justice and Country Division) within the South Australian Department of Human Services
- an increase in funding Western Australia increased relative funding to rural health services over the last five years
- Tasmania created the Division of Community and Rural Health in its restructure
- Northern Territory developed health zones and trialed the Primary Health Care Access program
- ACT developed a forum to co-ordinate services within surrounding regions to provide a co-ordinated system of care.

As you can see each State and Territory has looked to establish a clear focus in their Department to address the issues. The report also describes collaborative arrangements that have been developed in the period, between governments and with non-government organisations. Some examples of collaboration between governments include:

Strategies which have been developed by the Commonwealth, State and Territory governments to support action across Australia in the areas of healthy ageing, suicide prevention, childhood nutrition, mental health, diabetes, chronic disease and falls prevention. Other collaborative measures that address specific rural and remote issues include:

- the National Health Priority Areas (NHPAs) Framework for addressing areas of high health burden in the community, which is strongly focused on co-operation between Commonwealth, States and territories and draws on relevant expertise in the non-government sector
- Multi Purpose Services program, which involves pooling of Commonwealth State and Territory funds to provide a flexible, co-ordinated and cost effective approach to the health and aged care service delivery in small rural communities where stand alone aged care or other health services would not be viable – 63 sites are currently operating across the country with many others under development
- the regional Health Services Program, which supports small rural communities in identifying local priorities and developing the primary care services needed to meet those priorities – there are currently 74 operational regional health services across Australia
- the integrated Service Delivery Projects, through which better models of planning across Commonwealth, State and Territory governments, local government, service providers and consumers are being explored.

There has also been collaboration with the non-government sector where Healthy Horizons has been used as a Framework and this has included members of the National Rural health Alliance, examples include:



- the Memorandum of Collaboration between the Australian Nursing Federation and the Council of remote Area Nurses of Australia on preparing nurses for remote area practice
- the General Practice Memorandum of Understanding between the four peak General Practice organisations and the Commonwealth Department of Health and Ageing
- the relationship between the Royal Flying Doctor Service and the Mental Health Council of Australia and other professional bodies including the University Departments of Rural Health
- the collaborative agreement between the Congress of Aboriginal and Torres Strait Islander Nurses and the Office of Aboriginal and Torres Strait Islander Health to increase the number of Indigenous people in nursing and to include Indigenous issues in core undergraduate nursing curricula.

These few examples provide just a snapshot of the work that has been and is being undertaken. However the partners agreed that in order to address the level of health disadvantage in rural, regional and remote communities, sustained effort was required over the long term.

The partners further decided that the goals and principles of the Healthy Horizons Framework continue to be relevant, but a revised Framework was needed to build on the achievements and give emphasis to contemporary issues, challenges and priorities.

Before moving to the Goals and Principles contained in Healthy Horizons 2003–2007, it is worth describing the interactions between the Goals and principles, which effectively form a matrix for government action. The seven goals guide the effort and direction of actions while the principles inform the manner in which the goals are pursued.

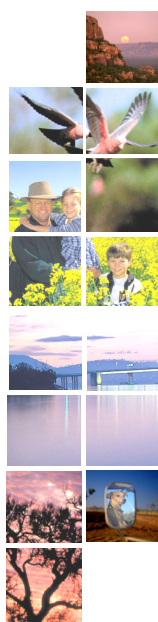
HEALTHY HORIZONS: OUTLOOK 2003–2007—SEVEN GOALS

Under each of the goals a series of actions are described and for the purpose of this presentation I have summarised the actions and focused on those areas where the Rural Health Sub-Committee have determined that special emphasis is required

Goal 1—Improve highest health priorities first

Goal 1 targets primary care and public health interventions against the highest health priorities. While these interventions are largely structured around the National Health Priority Areas, they also identify risk factors and particular causes of disease and ill health, which are highest in rural, regional and remote areas. Amongst the seven priorities, diabetes and injury prevention and control are at significantly higher rates than the rest of the population.

It is also important to note that while national action is being taken, or is proposed, in these areas a key issue is the degree to which poorer outcomes in rural areas are being addressed within broader strategies. This includes assurance that there is a fair share



of resources according to need and that models reflect the unique features of rural and remote communities.

- *Increased emphasis on child and youth health services.*
- *Stronger focus on older people and a continued emphasis on access to aged care services and improved access to rehabilitation services.*

Goal 2—Improve the health of Aboriginal and Torres Strait Islander peoples living in rural, regional and remote areas

Improving the health of Aboriginal and Torres Strait Islander people (goal 2) is a goal in its own right in recognition of the higher burden of disease and chronic illness experienced by Aboriginal and Torres Strait Islander people in almost every health indicator. This goal seeks to channel special and additional effort. Actions emphasise the importance of respect for culture and the desire for community control and holistic approaches in the way in which health services work with and for Aboriginal and Torres Strait Islander people.

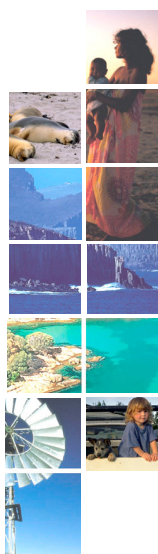
A key action under this goal largely relies on the development and release of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action*, following endorsement and signing by Commonwealth and State and Territory governments. The focus on improving access to primary health care services for Aboriginal and Torres Strait Islanders and the development of effective culturally secure employment programs within health services are two further key actions under this goal.

Develop resource strategies for those with special needs, particularly Aboriginal and Torres Strait Islander people

The remaining five goals are directed towards removing systemic obstacles, such as the existing funding arrangements between State and Commonwealth governments and encouraging better co-ordination in planning and delivery of services. The importance and emphasis on flexibility and co-ordination is a common theme throughout the goals and actions to allow local solutions to be developed.

The actions also focus on strengthening support systems such as;

- increasing capacity for applied research and development of a rural health research agenda;
- improving recruitment and retention of the health workforce;
- working closely with metropolitan services in an equal partnership and raising wider health system awareness of the issues and actions being pursued in rural, regional and remote Australia so they may effectively contribute to the improvements.



Goal 3—Undertake research and provide better information to rural, regional and remote Australians

Commonwealth, State and Territory governments will develop a rural health research agenda to assist researchers to direct applied and practical research into key health and service delivery issues. This will include research on innovative models of primary health care, workforce related issues, health risk factors and encourage regular community health assessments and incorporate qualitative as well as quantitative approaches.

The challenge within this action is to develop a well targeted research agenda that will assist in translation of research findings into policy and practice.

Develop a national rural health research agenda and focus on applied research

Goal 4—Develop flexible and co-ordinated services

While the Multi Purpose Service program (MPS) has been a successful means of combining health and residential aged care services in rural communities the challenge remains to develop similar models for wider application and beyond health and aged care services;

The development of evidence-based clinical standards are required for rural areas that represent a balance between safe clinical practice and access, and acknowledge and support the provision of acute services through proceduralist general practitioners.

Development of further innovative service models.

While maintaining access to hospital care, a continuing shift of emphasis from ill health and acute care to early intervention and alternatives to hospital care, including focus on risk factors such as smoking, nutrition, alcohol and low rates of physical activity.

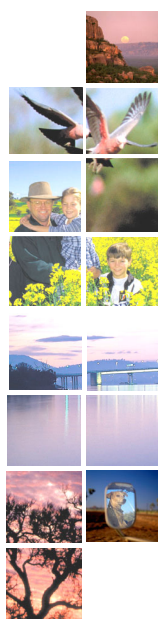
Goal 5—Maintain a skilled and responsive health workforce

One of the major obstacles to improving the health of rural, regional and remote communities is the attraction and retention of a competent and highly skilled workforce. Effective implementation of strategies and use of funds requires availability of a skilled workforce, including nurses, doctors, allied health, Aboriginal health workers, support staff and health service managers.

Amongst the key actions is the need for continuing action to remove legal and professional barriers to practice for health professionals in rural, regional and remote Australia to promote flexible practice and to undertake workforce analysis of supply and demand for allied health workers across regional rural and remote communities.

An increased focus on Aboriginal and Torres Strait Islander employment education and training programs within health services

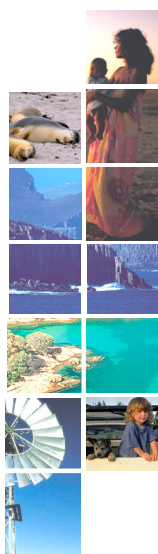
Continuing work to monitor and enhance the health workforce with special emphasis on nursing and workforce information on the allied health workforce



Goal 6—Develop a needs based flexible funding arrangement for rural, regional and remote Australia

Mainstream funding mechanisms, such as Medicare and the Pharmaceutical Benefits Scheme do not always operate effectively in some Indigenous rural and remote communities as the necessary delivery systems are not always available through Pharmacies or private medical practice. To overcome this issue, the Primary Health Care Access Program (particularly targeting the needs of Aboriginal and Torres Strait Islander people), has been established in the Northern Territory since 1999. Under the Program, Medicare and Pharmaceutical Benefits funds are converted into a single pool. Funds are equally distributed according to population needs. This model will be considered for wider application in States and Territories.

Consider whether indicators of need other than population numbers and/or distance from an urban centre would be more effective and whether collaborative planning by Commonwealth, State and Territory governments, based on regions might lead to improved delivery of integrated health services



Goal 7—Achieve recognition of rural, regional and remote health as an important component of the Australian health system

Australians in rural, regional and remote areas have a legitimate reason to call for a fair proportion of health system resources in light of poorer health status in many areas and poorer access to services.

There is an emerging view and a recognition that governments are listening to the concerns raised. Rural, regional and remote communities are keen to fully participate in the actions being planned and developed at national, State and regional levels to respond to their needs.

An important means of achieving recognition of the rural, regional and remote health system as an integral part of the wider health system is to encourage and promote successes, being prepared to celebrate success and gather a reputation for being organised, innovative and action-oriented. These are attributes that are exhibited in rural, regional and remote Australia but are often not well publicised.

Continuing development of multi-disciplinary approaches to education and research through University Departments of Rural Health and Rural Clinical Schools.

HEALTHY HORIZONS: OUTLOOK 2003–2007—PRINCIPLES

While Healthy Horizons has a focus on seven national goals as a means of improving the health of rural, regional and remote Australians, it also describes some key principles to guide the implementation of the goals in a manner that responds to local circumstances and conditions.

The principles have become an important reference and checklist for any organisation wishing to work with rural communities to improve health outcomes. The National Rural Health Alliance and AHMAC's Rural Health Sub-committee have agreed that there will be strengthened emphasis on two overarching principles, *Public health* and *Community Participation* in implementing *Healthy Horizons: Outlook 2003–2007*.



1 Primary health care

The Primary Health Care approach is supported as it provides the opportunity to keep people healthy within the community setting and to intervene at the earliest possible stage to support and maintain good health.

2 Public health

Public health forms the basis of improvements in health outcomes and is essentially about activities and programs directed towards prevention. In recent years the term “population health” has been used as a way to more clearly describe prevention at the population level and to encompass the broader determinants of health.

The public health approach is important as a basis for a range of actions, such as deciding the location and number of services, informing and educating people about changes needed in their services to meet changing health priorities and fostering innovation in service delivery and facilities to achieve optimum health outcomes.

3 Capability of communities

Social capability and the physical capacity to plan and implement local programs are required for communities to improve and maintain their health

4 Community participation

Community participation by individuals, communities and special groups in determining their health priorities should be pursued as a basis for successful programs and services to maintain and improve their health.

5 Access

Ensuring appropriate access to comprehensive health services that are culturally sensitive is fundamental for all people in rural, regional and remote Australia.

6 Sustainability

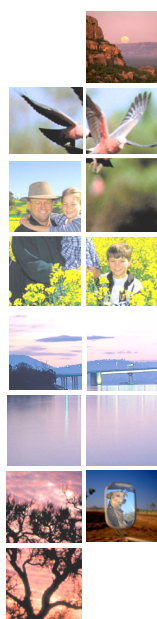
The ability to sustain good health and a system of care is a necessary part of sustaining rural, regional and remote communities.

7 Partnerships and collaboration

The establishment of effective partnerships in the delivery of services and collaboration for the benefit of communities are essential ingredients in successful implementation of health improvement programs.

8 Safety and quality

There will be no compromise on the safety and quality of health services provided to people living in rural, regional and remote Australia. Safety and quality are paramount in the development and implementation of health services and programs.



HEALTHY HORIZONS: OUTLOOK 2003–2007—IMPLEMENTATION

Healthy Horizons contains seven goals and these goals have been designed to provide for a co-ordinated response and action in areas that will directly or indirectly improve the health of people living in rural, regional and remote areas of Australia. The seven national goals in turn become the goals of Commonwealth, State and Territory governments in their allocation of resources and development of policies and plans. This leaves room for variations in emphasis according to the priorities and circumstances in each of the States and Territories.

The National Rural Health Alliance and its 24 member bodies continue to be key partners and are committed to the promotion and implementation of the Framework across Australia.

Two important components of Healthy Horizons have been reinforced in the new release.

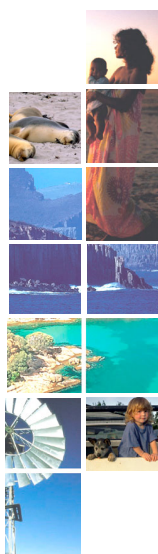
Firstly, the level of accountability for action under the Framework has been maintained and will take the form of a report on progress by each of the Commonwealth, State and Territory governments to the Australian Health Ministers' Advisory Council (AHMAC) in 2005. This is welcomed as this level of accountability as it ensures that the actions and goals remain on the agenda and the Framework is a working document for government.

Secondly, the progress report on actions will be supplemented by information and evaluation by the Australian Institute of Health and Welfare to provide assessment of the health of rural, regional and remote Australians. Work on this information has already commenced and will include:

- a Framework for rural health information – based on the National Health Performance Framework and incorporating a set of indicators for rural health information
- a report against agreed health indicators
- a report on mortality in rural, regional and remote Australia
- a specific issues paper on injury in rural areas.

The funding for this work has been provided by the Commonwealth Department of Health and Ageing and will be progressively released with a number of reports due in early 2003.

This is an important initiative as it will provide the means of assessing and potentially measuring the impact of actions on health outcomes across Australia. The measure of health outcomes is the ultimate test of our progress and having an agreed set of measures will help to assess progress and guide future directions.



SUMMARY

Having the Healthy Horizons Framework is important for our future. There is an enormous amount of innovation, energy and commitment involved in rural health. It is essential that we have a banner, a way of expressing and sharing our aspirations and galvanising our efforts in an organised and professional way, because what is at stake is the health of rural, regional and remote Australians.

We now have an effective, working Framework, we have collaboration between governments and peak national rural health bodies, there is accountability for commitments made and we have a process to measure the progress against the ultimate vision of Healthy Horizons.

Once Healthy Horizons: Outlook 2003–2007 is released, I would urge you to use it at every opportunity, promote it with your colleagues and contribute to its development and implementation when and where the opportunity presents itself. While it's a document of governments and the Alliance it is also your document and your future and that of your community.

