



## 7<sup>th</sup> National Rural Health Conference

### Recommendations from the post-Conference Workshop *From Energy To Shared Action* Wednesday 5 March 2003

as at 17 April 2003

1. Everyone at the Workshop agreed that there is an urgent need to improve the status of *Indigenous health*. There were no Indigenous delegates at the Workshop which led to a discussion about the appropriateness of further consideration of the matter (see caveat below). Consideration at the Workshop started from the Indigenous papers presented to the main Conference, and from the outcomes from the special Indigenous Health Symposium held on Saturday 1 March. It was generally agreed that mainstream health services could be better at evaluating the impact of their work on Indigenous health, and this evaluation could be included in their standard reporting systems.<sup>1</sup> Also, community controlled Indigenous health services should evaluate the performance of 'mainstream health services'. Greater use could be made in Indigenous health of joint planning forums. Mainstream services should employ greater numbers of Indigenous health workers in all professions. There was confirmation of the importance of Indigenous content in curriculums and staff exchanges between the community controlled and mainstream health sectors.

*Caveat: There was a passionate discussion at the Workshop about whether, in the absence of Indigenous representatives, this Conference recommendation should be discussed at the Wednesday Workshop at all. The matter was not resolved to everyone's satisfaction and some participants in the Workshop asked that we record their view that the matter should not be discussed. Consistent with their conviction, these people did not attend the discussion group.*

2. People at the Workshop agreed that there is a need for better data on the rural and remote *health workforce*, as a basis for policy making and planning. Given the urgency of the situation it was agreed that the NRHA should establish a Working Party to act as a conduit between organisations collecting or holding such data, and planners. The work would have a forward-planning focus and take a national approach across all health profession disciplines. The work will involve professional associations, registration boards and the existing health workforce bodies such as the Australian Health Workforce Advisory Committee. It was proposed that this be a major activity for the NRHA, requiring significant new resources. Initially the work would be informed by a detailed description from existing health workforce agencies of their work and data holdings. The overall purpose would be to have data sets that are timely, have accepted validity and enable 'drilling down' for particular geographic areas and health professions.

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<sup>1</sup> A contemporary model of how this can be done has been provided by the NSW Department of Health. It is the NSW Health Aboriginal Health Impact Statement, produced by the Department in collaboration with the Aboriginal Health and Medical Research Council of NSW. Copies of the Statement are available from: Better Health Centre - Publications Warehouse, Locked Bag 5003, Gladesville NSW 2111 (Fax: 02-9816 0492); or can be downloaded from the NSW HealthWeb site: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

3. People at the Workshop endorsed Conference's call on the NRHA to begin work on how Australia could develop a sustainable, equitable and high-quality *placement system for students* and short-term professional health staff in rural, regional and remote communities. Such a system will take a multi-disciplinary approach, utilise existing facilities and systems, and provide equity of access across disciplines and geographic areas. The work will deal with the total costs to students and communities of placements, including accommodation and facilities for students of all disciplines, and the costs of transport and supervision. The work will include:
  - an inventory of existing accommodation;
  - a scoping study of accommodation needs;
  - consideration of the impact of rural placements on support staff and mentors; and
  - a model for a national approach to this matter, including recommendations relating to funding.
4. People at the Workshop agreed that a collaborative rescue package for *procedural medical services* be provided by governments as a matter of urgency. This will result in the rural and remote communities having appropriate access to a range of procedural services including obstetrics, anaesthetics and general surgery. It will require urgent action to resolve issues related to professional indemnity.

It was suggested that the NRHA contact the Minister for Health proposing that the Australian Health Care Agreements include an audit of rural procedural services and be used as a framework for developing strategies to ensure that there is no loss of procedural resources in rural and remote areas, consistent with quality and safety. It was also agreed that Member Bodies of the NRHA contact their membership about the package, encouraging their support for it in their local areas. The NRHA should also promote to politicians the urgent need for a national rural multi-disciplinary procedural training and development strategy. This would be able to be adapted in each State and Territory, and would be based on strong collaboration between local, State and Commonwealth Governments, academia, the professional Colleges, and hospitals.

5. Those at the Workshop called for the existing *taxonomies used for funding and resource allocation* for rural and remote health (ARIA, RRMA and ASGC) to be reassessed as to their appropriateness as planning, resource allocation and reporting tools. It was agreed that geographical systems of classification by themselves do not measure access. It was suggested that a properly resourced project be undertaken to develop a national index of accessibility to primary, secondary and tertiary health care. A project on this matter is currently being auspiced by the Rural Workforce Agency of Victoria.
6. Those at the Workshop endorsed Conference's support for the seven goals and eight principles of *Healthy Horizons Outlook 2003-2007*, and its call on Health Departments and the NRHA to:
  - promote Healthy Horizons at all levels in the health sector, eg Area Health Services, health workers in the community;
  - promote Healthy Horizons to organisations in other sectors, eg housing, employment, local government, environment, transport, community arts; and
  - provide interim reports on progress against *Healthy Horizons* yearly, in addition to the major progress report scheduled for 2005.

7. Those at the Workshop endorsed Conference's call for the implementation of the *7-Point Action Plan on Nursing in Rural and Remote Areas* and the point that such a range of incentives would have significant and beneficial impacts on health professionals from other disciplines. They also recommended that issues for nurse practitioners, including remuneration, be referred to the project committee responsible for the *7-Point Action Plan*. (Conference also noted and supported the proposal from the Allied Health Conference in Adelaide in February 2003 to convene a summit on issues affecting rural and remote allied health professionals.)
8. Those at the Workshop supported Conference's call on the NRHA to produce a background paper detailing the post-trauma crises likely to be associated with flood, *drought* and fire and acknowledging and outlining the subsequent problems and the possible solutions. They also supported the call on governments at all levels to invest urgently in additional resources for infrastructure and services that will enable communities affected by the current drought and other disasters to rebuild, and for their families to cope with the financial, social and spiritual stresses it has caused. Those at the Workshop agreed that existing community recovery structures (such as counselling services) need to be augmented. In this work the NRHA should work with Emergency Management Australia and form partnerships with local government and others. The service areas of concern include those related to:
  - income security and disaster relief;
  - housing, transport, education and physical infrastructure; and
  - programs which are valuable in building social networks and a sense of community, such as arts-in-health.
9. Workshop delegates supported the call from Conference for a funded national strategic approach to rural and remote health *research*, building on the existing infrastructure located in rural, regional and remote areas. The approach should encompass all institutions in which research and evaluation is undertaken including academic bodies and service providers. The research should include participatory and action research as well as more theoretical inquiry. The point was made that the rural and remote health research agenda sits well with the four national research priorities (sustainable environment, innovative industry, safeguarding Australia, and health for all Australians). The NH&MRC Strategic Priorities for the next triennium are to be set in the next few months and there is the opportunity now to influence them.

The revised approach should focus on researchers based in rural areas; it should build research capacity in rural and remote areas; should build partnerships with urban researchers; and should be based on the relevant research questions for rural and remote health. The research undertaken should feed back to the people in rural areas to whom it is related and be made readily available to them and others.

10. Workshop delegates acknowledged the need for more attention in Australia to early intervention in *child and adolescent health*. They instructed the NRHA to develop a Position Paper on this matter which would explore and address the needs of children in rural and remote Australia in each stage of development, give special attention to disadvantaged children and families (including Indigenous families), and promote approaches that work and good news stories. They suggested that the NRHA should also support the call for a National Children's Ombudsman and for a national children's health summit.

11. People at the Workshop supported Conference's call for an increased commitment, including through the National Strategy for an Ageing Australia, to a comprehensive system of *aged care and other services for the elderly* in rural and remote areas. The improved system would accommodate assessment of real need (as distinct from eligibility for a service); it would be culturally appropriate; would have collaborative and flexible funding; and would give particular attention to the needs of those with dementia and their carers. Local solutions would be showcased. It was suggested that the NRHA ask the Minister for Ageing for a specific rural and remote report against the National Strategy for an Ageing Australia. In addition to the focus on care for the needy there would be a wellness approach, for instance encouragement to older people to keep working and volunteering.