



Communiqué and Key Recommendations

The largest ever public meeting on remote and rural health has just ended in Alice Springs. The 8th National Rural Health Conference was attended by 1100 delegates from around Australia – consumers as well as health service providers from all disciplines.

The Conference had a major focus on remote areas and Indigenous health and well-being. It endorsed the fact that the poor state of Indigenous health remains Australia's number one social issue. Delegates agreed to work together and to call on others to work with them to lessen the Indigenous health differential in Australia.

It will take more than a simple injection of additional resources to meet this critical challenge. Where there have been success stories in Indigenous health, they have been based on local partnerships and sustained support from Governments. It has been amply demonstrated that individuals and communities can, and want to, take responsibility for their own health, but can only succeed in a supported environment.

In Indigenous health as in other parts of the sector, it will help for communities, professionals and governments to remember a number of principles:

- remote and rural Australia is extremely diverse: “In remote Australia, when you’ve seen one community ... you’ve seen one community”;
- although the ‘crisis’ word is not yet being widely used, there is a common view that “things will get worse before they get worse again”; and
- we must challenge habits of mind and culture – accepted wisdom, routine responses – which impede progress towards the goal of equivalent health for people in remote and rural areas.

At the Conference there was a strong emphasis on the remote aspects of social, economic and ecological factors which help to determine people's health in those areas. Improved health outcomes for people in remote and rural areas can be assisted by better understanding of intersectoral linkages, but this will require improved awareness and measurement of complex systems and relationships. This can help achieve a whole of government approach to health.

There was overwhelming agreement that the serious remote and rural health workforce difficulties will not be overcome merely by efforts to increase workforce supply. The way the health workforce is used is more important than ever. We need more people working differently – not just more of the same. Many activities currently undertaken by particular professions can be effectively assumed into the roles of other professional and vocational groups. Strategies that further develop different professional groups, such as physician assistants and nurse practitioners, and ones that strengthen the role of others, eg community midwives, therapy assistants.

These workforce changes will require a significant shift in the way health professionals are prepared for practice. The Conference heard about overseas and Australian work on inter-professional education (IPE), which will help provide an effective and sustainable non-metropolitan health workforce team of the future. In addition, existing health providers, including overseas trained health professionals, require increased levels of support and should

be exposed to interprofessional practice. The path to a sustainable future is through building health care teams.

These immediate and longer-term changes to the nature of the health workforce will have implications for clinical practice and the quality and safety of outcomes experienced by health consumers in country areas. The outcomes from clinical practice are currently jeopardised by increased problems around litigation, insufficient infrastructure (including information technology), poor cultural safety and too much emphasis on ‘innovation pilots’, rather than investing more in models whose effectiveness has been demonstrated.

Another theme at the Conference was the potential of major national health reform to deliver particular advantages in remote and rural areas. There was strong support for a move away from funding based on access to funding based on need. Significant changes to Medicare could be effected which would reduce the rural Medicare deficit and see extension of the program to a greater number of non-medical interventions. This would potentially be part of the move away from a fee-for-service system to one that includes a greater proportion of salaried health professionals. It was suggested that remote and rural people might in fact be better off with a system re-designed especially to suit their circumstances, and different from the metropolitan system.

The ageing of the Australian population, particularly in remote and rural areas, is a major challenge both in its own right and because of the impact it has on the health care workforce. Equitable access to aged care will require maintenance of infrastructure for residential facilities, and resources for supporting people in their own homes. There should be a more collaborative relationship between the aged and acute care sectors so that a local facility can both meet the desire of people to remain in their home community as they age and provide more than a ‘patch up and pass on’ acute care service. For instance, there is major concern at the loss of birthing facilities in small country towns, despite the fact that there is clear evidence that birthing is statistically safer in small, local obstetric units, and they provide better support for the social, emotional and cultural needs of birthing women and their families.

The well-being of people in remote and rural Australia can be improved and sustained by adoption of the priority recommendations attached to this communiqué. Delegates at the Conference made a personal commitment to work in their workplaces and organisations for better health for people in remote and rural areas. They committed themselves to working with others to make remote and rural health services sustainable, to evaluate them and to ensure that governments’ investment in health services is maximised.

All of those in a position to act on the Conference Recommendations are urged to collaborate to help improve remote and rural health

The Conference endorsed the call for Governments, other organisations and individuals to act on the recommendations. The commitment is to work across the board to raise the health status of people in rural and remote areas to that of their urban counterparts by 2020.

Key Recommendations

From 10-13 March 2005, there was an important meeting in Alice Springs. The recommendations from the meeting will help improve the health of people living in remote and rural Australia. They will be sent to the media and politicians to influence policy. The Conference agreed that ten were most important.

Summary

1. Ensure health needs, not service availability, drives investment in health, particularly in relation to Medicare.
2. A focus on helping Indigenous mothers and children.
3. Fair transport and accommodation allowances for sick people and their carers in remote and rural areas.
4. Review alcohol taxation system to reduce harm from alcohol.
5. Develop a cross-sectoral project on human and environmental well-being in remote settlements.
6. Better infrastructure to support health in remote and rural areas.
7. Have inter-professional education for health students.
8. Better co-ordinated strategic research on health in remote and rural areas.
9. Organisations to check their approaches to thinking and working in remote and rural health.
10. Use the Conference's ideas!

Agreed Recommendations

1. The distribution of health resources should be based on health need and not on access to health services or providers. To improve this situation there need to be further changes to Medicare to extend its cover to a greater number of interventions by health providers other than doctors. The remote and rural Medicare deficit in areas where fee-for-service is limited can be offset through a number of means, such as cashing out entitlements and allocating the money to alternative service models.
2. Conference calls for targeted resources for a national public health intervention to focus on child and maternal health for Indigenous people as a means of reducing chronic disease in the next generation. Specific parts of the intervention would include birthing, safety and nutrition programs; education initiatives; and investment in infrastructure for health. Work on this would include training and support for Aboriginal Health Workers.
3. There should be an immediate national review of the state schemes that assist patient and carer transport and accommodation. The purpose would be to introduce a uniform approach which provides people from remote and rural areas with reasonable reimbursement for accessing services that are not available in their own communities.

4. Noting that the impact of alcohol misuse is disproportionately felt by rural and Indigenous communities, the Conference calls on the Australian Government to undertake a review of the alcohol taxation system with a view to:
 - a) making it more equitable by treating alcohol as alcohol, regardless of the form it comes in, eg beer, wine or spirits;
 - b) giving consideration to public health and safety as well as industry and economic concerns; and
 - c) identifying mechanisms for hypothecating a proportion of revenue from alcohol excise to be directed towards programs aimed at preventing or reducing the harms associated with alcohol misuse in the Australian community.
5. Conference notes the increasing number and influence of advocacy bodies in a range of sectors impacting on health outcomes. As a means of making an immediate and significant contribution from non-government organisations to intersectoral collaboration for better health, it is proposed that a national project on human and ecological well-being in small remote communities be initiated. The bodies which could work together for this specific purpose will include those from the health, education, ecological, transport, police and justice, community services, retail and disaster response sectors.
6. Noting the current debate about the need for additional investment in physical infrastructure to support Australian exports, Conference calls for substantial re-investment in the infrastructure required in remote and rural areas for delivering high quality, sustainable health services. The foremost requirements are water supply and quality, reliable telecommunications, and housing. Contemporary developments with Telstra and national water management provide opportunities for the health sector to make the case that both are fundamental to health outcomes.
7. Conference recommends that State and Federal Ministers for Health and Higher Education immediately ask higher education institutions to include inter-professional education in undergraduate health curricula. This is an essential prerequisite for more effective future clinical practice teams.
8. Conference reiterates the sector's call for a funded national strategic approach to remote and rural health research, building on the existing infrastructure in rural, regional and remote areas. The research should be relevant, the design appropriate, the results communicated, and the outcomes useful for better health.
9. Conference calls on professional organisations involved in remote and rural health to develop protocols for their members that enable individuals to challenge and validate their habitual values, assumptions and judgements with evidence to help ensure the effectiveness of their work as caregivers, managers, researchers and policy makers.
10. It is recommended that delegates who were at the 8th National Rural Health Conference make a commitment to use ideas from Alice Springs in their home, community and workplace to strive for equivalent health for people in remote and rural areas by 2020.