

**Speaking notes for Professor John Wakerman
Launch of NRHA's Election Priorities,
Mural Hall, Parliament House, Thursday 20 September 2007**

Minister Abbott, Shadow spokesperson Roxon, Senator Judith Adams, Senator Lyn Allison, Senator Bob Brown, parliamentarians and friends.

Welcome to the launch of the National Rural Health Alliance's Election Priorities.

Like many others, we are pleased that health issues are front and centre in the lead up to the election.

Health is both important as a human right, and necessary to our economic prosperity. The health sector is a major contributor to the economy and there are substantial savings to be made within the health sector from targeted and strategic changes.

My main purpose today is to confirm the Alliance's priorities, priorities we would like political parties to adopt in their health platforms and to commit to in the next term of government.

The Alliance is comprised of 27 Member Bodies – a broad and disparate coalition that includes nurses, doctors and allied health groups; service providers such as the RFDS; consumers such as the CWA; and academics. And sometimes, not that often, we don't agree on specific matters. However, when we do agree -- and we very often do -- we are able to provide strong and certain suggestions about how health outcomes for people in rural and remote areas can be improved - suggestions that are supported by rural health consumers and service providers, and based on the best available evidence.

A shared vision unites these disparate groups. Our vision is: equal health for rural people by the year 2020.

We also want to give credit where credit is due. The Australian Government and the States and Territories have made significant investments in rural and remote health since the last federal election. The major commitments to mental health, support for agriculture through the drought, and new Medicare items for psychology and recent dental health initiatives stand out.

But it is our firm view that the work required to achieve equal health for country people by 2020 is not yet complete.

On average, rural people live four years less than their urban colleagues. On average, Aboriginal and Torres Strait Islander people, who make up a high proportion of the rural and remote population, live 17 years less.

We have also published a full election charter and intend to score the health platforms of the parties in the Election campaign against our identified priorities.

Our priorities are strategic and costed. We appreciate that our health systems are collectively large and complex. Like a large ocean liner, it takes some time for corrections to its course to take effect. Our priorities provide a set of critical corrections that we believe will lead to improved rural health outcomes.

We have seven top priorities.

Firstly, the incoming government must identify future directions for rural and remote communities through an independent national inquiry into the sustainability of small rural and remote communities. There is no sense in designing better ways to provide health services to these communities unless we are clear about the future of such communities. Will their future be determined by economic Darwinism? How will the increasing disparity between booming minerals export regions and declining, drought-affected pastoral areas be handled? What is the future for Indigenous outstations? Will small pastoral communities survive?

Secondly, the next government must collaborate with the States and Territories to agree on a national health policy that includes a national health plan. This plan will include a clear strategy for rural and remote health. The intergovernmental uncertainties in the health sector, highlighted over the last six months, are costing the nation money and costing individuals good health. The collectively large and complex systems need to be sorted out - and rural and remote health deserves to be a key and explicit part of an improved system.

Thirdly, we need extra investment in health-related infrastructure in small country towns. This, and improved workforce supply, are two essential requirements for the successful development of models of service delivery tailored for rural and remote areas.

The fourth issue is the most pressing, but is listed fourth because its work will be enhanced after adoption of the strategic frameworks for rural areas and the health sector already mentioned.

The fourth is this. All parliamentarians in the next several governments should continue to focus national attention on the improvement of the health of Aboriginal and Torres Strait Islander people. The intervention in the Northern Territory must be converted to a long-term, collaborative, well funded and bipartisan effort to provide justice and equal health and life opportunities for Aboriginal and Torres Strait Islander people.

Fifthly, the Australian government should commit to both investment and leadership in better oral and dental health. Poor oral and dental health is preventable. It can cause or compound other conditions. Clear plans exist for improving the current situation -- which is that adult Australians have the second worst oral and dental health in the OECD.

We support the national plan for better dental health proposed by the Australian Council of Social Service and the Australian Dental Association. And to make it work well in rural and remote areas the Alliance has a plan for improving the oral and dental health workforce. The distribution of dentists is even more metro-centric than the distribution of doctors.

Our plan includes increased university places for dentistry and oral hygiene, rural scholarships and relocation incentives.

Sixth, the Alliance continues to propose ways to ameliorate the under-supply of health professionals in rural and remote areas. There should be an increase in the number of scholarships for health students from rural and remote areas.

We call for an integrated national rural placement system for health science undergraduate students. This would ensure equivalence in the support provided to the different health professions that make up multi-professional health teams: the medical students, and the students of nursing, allied health, pharmacy, dentistry and health service management. Developments in the Indigenous health worker profession should be supported, as well as other initiatives to increase the number of Indigenous health students.

Seventh, and finally, mental health remains a serious challenge in rural and remote areas. Steps should be taken to ensure that country people receive their fair share of the Australian Government's significant mental health investment. All efforts must be made to ensure that new patient care services - including those available under the new Medicare item numbers for mental health and dental health - are available in rural and remote areas.

The Alliance's proposals are costed. The investment required to address these priorities will bring financial returns to the nation from increased productivity and workforce participation, and reduced hospital admissions and disability.

It will make people healthier and happier. We seek your support for these proposals.

Thank you.