

National Rural Health Alliance Election Priorities Launch
Nicola Roxon MP, Shadow Minister for Health
Thursday 20 September, 2007

Thankyou for inviting me to speak today.

Can I acknowledge:

- John Wakerman, Chair, and Gordon Gregory, Executive Director – National Rural Health Alliance
- Members of the Alliance – many of whom have travelled far and wide to be here today
- Tony Abbott, Bob Brown, Lyn Allison, Judith Adams – and the many other parliamentary colleagues with us today, including Jan McLucas, Claire Moore, Brett Mason and Wilson Tuckey.

Its exciting to be here talking with you at a time when health is well and truly on the federal election agenda – debates about hospitals, workforce shortages, dental and Indigenous health – these and many more must all take account of the different challenges of health service provision in rural areas.

Great universal programs like Medicare, established by Labor in the 1980s, are under strain. Workforce shortages mean that the universal *entitlement* of Medicare is no longer delivering universal *access*. This is particularly the case in rural and regional Australia, which presents a central challenge for governments and prospective governments.

The statistics clearly show that people in rural areas have poorer health than their city-dwelling cousins (particularly in the prevalence of chronic diseases). And as John (Wakerman) pointed out, rural people have a life expectancy four years lower than their urban counterparts - a very stark indicator of inequality.

Labor's strong emphasis on preventable chronic disease across the nation will have a direct impact on this issue.

Rural and regional Australians also have less access to the health services they need to treat their poor health. And so patient travel is a particularly big issue. For instance, it's something that's been raised with me consistently as I've travelled around the country over the last few months – from Cairns to Launceston – and I know it's a particularly big issue for cancer patients.

And we all in this room know that many rural communities struggle to attract and retain doctors, nurses, and other health professionals. There are now a myriad of programs, projects and pilots running – some more successful than others – but little has been done to consolidate the success stories and streamline this array of programs.

And I have to say – if the Minister wants to stand on his record, that has to include acknowledging some of its shortcomings – like the fact that 65% of Australia is officially classed as an area of workforce shortage; the shortcomings of programs like the Rural Medical Infrastructure Fund; and its refusal to release data on geographic distribution of Medicare outlays on mental health

programs – which would tell us if these programs are actually delivering services to rural Australia.

So let me take a few minutes to tell you how Federal Labor's plans for health will help address some of the Alliance's key election priorities.

A national health policy

Just a few weeks ago, Kevin Rudd and I announced Labor's \$2 billion National Health Reform Plan to improve health services and outcomes for the community and take pressure off hospitals.

This \$2 billion plan – which is over and above existing health funding – will be used to provide upfront investments in improving health and hospital services.

Areas where need is greatest – whether it be because of workforce shortages or poor infrastructure or both – will be prioritised for investment under Labor's plans. Under-utilisation of Medicare-funded services is one indicator of this.

As well as putting a significant amount of new money on the table, to implement our National Health Reform Plan, if elected, within 100 days of forming government Labor will establish, through COAG, a National Health and Hospitals Reform Commission to develop a long-term health reform plan for the nation.

The National Health and Hospitals Reform Commission will be asked to explicitly identify a long-term plan for improving rural health services.

One idea that is worth considering in this process is whether the next Australian Health Care Agreements should include a rural health service commitment .

The Rural Doctors Association rightly makes the point that people who live in rural and remote Australia should not have to accept sub-standard health services because Commonwealth and state/territory governments can't get their act together.

Ending the blame game in order to deliver better health outcomes for the whole community is central to Labor's election platform. We need to drive the changes that are needed at the national level.

Improving infrastructure

Another of the Alliance's priorities is improving health infrastructure.

Labor has announced two key policies in this area in recent weeks.

First, as part of our \$2 billion National Health Reform Plan Labor has committed \$220 million to establishing *GP Super Clinics* around the country where access to primary health services is low.

One of the key aims of our *GP Super Clinics* policy is to improve health infrastructure in communities which are currently missing out on services. On the 7:30 Report this week, Tony even conceded that *GP Super Clinics* are a good idea – but he draws the line at Government trying to attract extra services to regions where they are needed, even though it is clear the market alone in a time of workforce shortage can't deliver this outcome.

Last week Labor also announced that it would make a series of reforms to the Rural Medical Infrastructure Fund to make it easier for rural communities to apply for funding – we've been listening to local communities who want the eligibility extended and some of the strict criteria, such as the requirement for matching funds, to be relaxed.

We've also provided for *GP Super Clinics* to include training space for GPs and health professionals as a way of attracting young graduates to areas where they're needed. Our policy will also pay for relocation incentives for health professionals – both doctors *and* allied health professionals – to work in the *GP Super Clinics*. We need to maximise the chances of all the new graduates coming on line in the next few years working in the areas where they're needed most.

Let me touch quickly on two more of your priority areas before I close.

Indigenous health

Just as Indigenous health is a priority for the Alliance, improving Indigenous health is a top order priority for Labor. The life expectancy gap between Indigenous and non-Indigenous people is Australia's most shameful social statistic.

Earlier in the year Kevin Rudd committed Labor to closing the gap between Indigenous and non-Indigenous people's life expectancy at birth within a generation.

We've also announced the first down-payment a Labor Government would make on achieving this goal – a \$260 million Indigenous early childhood package, focusing on the health and wellbeing of the generation of Indigenous children being born now.

And we do welcome the announcement this week from the Government of significant new resources for follow-up health services in the Northern Territory.

Dental health

Finally, on dental health. As you'd be aware Labor announced earlier this week the first instalment of our dental policy. Labor will re-establish a Commonwealth Dental Health Program.

Labor will provide \$290 million for up to 1 million dental consultations and treatments to help clear public dental waiting lists around the country.

We know that many rural areas suffer from particularly bad oral health – given dental workforce shortages and mal-distribution. Often it is only public dental services that provide dental services to rural and regional areas, and they badly need to be have additional resources – which Labor's dental plan will help to provide for.

Again, if the Government wants to stand on its record in this area in dental health it doesn't have a good one. To illustrate the failings of the Government's existing dental scheme, not one person under the age of 25 in the entire Northern Territory has received dental care under that scheme since it was introduced. Only 1 child in Queensland under the age of 5 has received assistance under that scheme since it was introduced. And only 68 people in the whole of Tasmania have received assistance under the scheme since it was introduced.

Conclusion

Let me sum up by congratulating the Alliance on the good work you do working towards better health for rural Australia.

Much more will be said about health in the coming weeks and you've given us plenty to chew over.

Labor shares your vision for equal health for rural Australians, and if we're successful at this year's election we look forward to working with the Alliance to achieve it.