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Senate Standing Committee on Community Affairs
Legislation Committee

**Inquiry into the Australian National Preventive Health Agency (Abolition) Bill 2014
and the Health Workforce Australia (Abolition) Bill 2014**

Public Hearing, Canberra
Wednesday 2 July 2014

Opening statement

General

We welcome this opportunity to discuss with members of the Committee some of the rural and remote issues relating to the Bills to abolish Health Workforce Australia (HWA) and the Australian National Preventive Health Agency (ANPHA).

As you know, the Alliance's purpose is to ensure that in all processes relating to policies and programs which impact on health and wellbeing, the particular circumstances and needs of rural and remote communities are not only understood but are taken account of in action that ensues.

More than 6.7 million people live in rural and remote Australia. Members of the Committee will agree about the importance of winning the national challenge to improve their health and wellbeing. It is unjust, unnecessary and un-Australian for them to have poorer health and poorer access to health services than people who live in the major cities.

Where the two subject Bills are concerned, the key issue for the people of those areas and for the Alliance is not the institutional arrangements that apply, nor the name of the lead agencies, but the sustainability and priority given to work (or 'streams of activity') that have proven to be, and will remain, of vital importance.

The main reason for being concerned about the integration of the two agencies into the Department of Health is the impact this will have on the political importance and resources that will be attached to the work they have been undertaking to good effect.

The government has set itself the challenge of ensuring that the work of these agencies can be 'better done' within the Department. The Alliance will do everything in its power to help ensure this is the case.

The definition of 'better' is crucial. It will not be better, in the Alliance's view, if the work undertaken costs less due to reduced quantity. Health workforce research and planning, and a focus on health promotion and illness prevention, are critical pieces of endeavour in the health sector which should continue with even greater priority.

Health workforce shortages are worse in rural and remote areas. Data are harder to obtain. Shortages need to be addressed with different models than those that may work well in metropolitan areas.

Preventive health measures are cost effective and critical in ensuring that Australia retains its status as one of the world's longest-lived and healthiest countries. To be effective in rural and remote areas, health promotion and illness prevention work needs to be suited to local conditions relating to such things as communications and information infrastructure, cultural circumstances and language - and should use local events and meeting places.

With both health workforce research and planning and preventive health work reintegrated into the Department, there will hopefully be an even closer relationship between those two streams of activity. Health workforce shortages are often the reason why service models of a type which are known to work cannot be put in place in rural and remote areas.

Both HWA and ANPHA have developed and demonstrated a clear understanding of the particular characteristics of rural, regional and remote areas that relate to their work. The NRHA has benefited from a very good working relationship with both agencies and, in the interests of the people of rural and remote Australia, we hope that this will continue when the work is undertaken in the Department of Health.

Health Workforce Australia

In the limited time since its establishment, HWA has done valuable work, including on rural and remote issues, and has developed and pursued an admirable culture of openness and collaboration. It has developed a clear understanding of the particular needs of health services in rural, regional and remote areas and recognised that workforce design and planning need to work backwards from outcomes for consumers and population needs.

Health workforce planning has relevance outside the health sector per se. The practice settings for health professionals, especially in rural and remote areas, include aged and disability care as well as the health sector specifically. In the health sector, services for mental health, cancer, oral health, maternity and palliative care are among the critical areas in which there are serious workforce shortages.

The Alliance is concerned to see the reference in the HWA Abolition Bill's Explanatory Memorandum to the fact that Australia has a "...well distributed health workforce, delivering frontline health services for all Australians". Many people in rural and remote Australia would be surprised at this description, given that many of them have poor or zero access to many types of health professional and their services.

Within the Department, health workforce research and planning must continue to have a strong interdisciplinary or multi-professional focus. The Commonwealth, led by the

Department of Health, must not retreat from its policy concern with all members of the multidisciplinary health care team.

The Alliance's submission to the Committee includes a brief description of those projects undertaken by Health Workforce Australia which have been of particular interest and importance for rural and remote people. Its work has developed a clear distinction between the *supply* of health professionals and their *distribution* and, where GPs are concerned, a welcome focus on those with advanced skills.

We hope the Committee will report on the particular health workforce pressures for people in rural and remote areas, and the need for the Department to continue to give these special priority in the continuing work to be undertaken.

Australian National Preventive Health Agency (ANPHA)

Members of the Committee will be well aware that health risk factors, including those relating to chronic disease, are more prevalent in rural and remote areas than in the major cities .

Governments in Australia have successfully led health promotion campaigns relating to HIV/AIDS, water fluoridation and regulation of safety belts. However, despite its undoubted benefit-cost ratio, only around three per cent of Australia's health dollar is currently spent on health promotion and illness prevention. The value of this three per cent needs to be monitored and hopefully the percentage will increase.

ANPHA's work on tobacco use, harmful drinking and substance abuse is of particular importance and must be sustained at no less a rate. Given the market failure that commonly exists in rural and remote areas, the Department of Health - in conjunction with State and Territory jurisdictions - must have direct engagement with the promotion of healthy lifestyles through programs relating to such things as nutrition and physical activity, tobacco use, harmful drinking and substance abuse.

It is a matter of concern that smoking rates have fallen substantially in Australia's major cities, but not in rural and especially remote areas. The Alliance has a particular interest in this and has consistently raised the importance of developing ways to reduce smoking through well-considered and properly targeted campaigns.

Health promotion activities can take some time to come to fruition (as demonstrated by successful campaigns that have helped to reduce skin cancer in Australia). To be effective, health promotion efforts need to be sustained through time and to have a settled administrative and policy base.

Thank you.