

# **NRHA Report on the Implementation of Healthy Horizons**

**May 2002**

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# NRHA Report on the Implementation of Healthy Horizons

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This first report from the NRHA includes information from nine of its 22 Member Bodies. The reports shown here are from the following organisations:

- the Australian Council of the Royal Flying Doctor Service (RFDS);
- the Rural Faculty of the Royal Australian College of General Practitioners (RACGP);
- Frontier Services;
- the Australian College of Health Service Executives - rural members (ACHSE);
- the Australian Rural and Remote Allied Health Taskforce (ARRAHT);
- Services for Australian Rural and Remote Allied Health (SARRAH);
- the National Association of Rural Health Education and Research Organisations (NARHERO - until recently the National Association of Rural Health Training Units);
- the Isolated Children's Parents' Association (ICPA); and
- Rural Pharmacists Australia (RPA).

The reports were provided by the representatives to Council of the respective organisations. The names and contact points for all Members of Council, as well as much other information, are available on the NRHA homepage ([www.ruralhealth.org.au](http://www.ruralhealth.org.au)).

## **SEVEN GOALS OF HEALTHY HORIZONS**

**Goal 1** Improve highest health priorities first

**Goal 2** - Improve the health of Aboriginal and Torres Strait Islander peoples living in rural, regional and remote Australia

**Goal 3** - Undertake research and provide better information to rural; regional and remote Australians

**Goal 4** - Develop flexible and coordinated services

**Goal 5** - Maintain a skilled and responsive health workforce

**Goal 6** - Develop needs-based flexible funding arrangements for rural, regional and remote Australia

**Goal 7** - Achieve recognition of rural, regional and remote health as an important component of the Australian health system

## **Royal Flying Doctor Service of Australia**

### ***1. Please comment on your organisation's view of the seven Goals of Healthy Horizons.***

All the Goals outlined in the Healthy Horizons document are essential for rural and remote health and important to the Royal Flying Doctor Service.

However the following Goals are of particular importance from the RFDS's perspective:

**Goals 4 and 6:** 'Develop flexible and coordinated services' and 'Develop needs-based flexible funding arrangements for rural, regional and remote Australia'. There are inherent difficulties in attempting to deliver health services to the remote areas of Australia; therefore new and innovative methods need to be developed to overcome some of these. New programs being developed ie. Medicare Access Program is addressing some of these problems; however other health professional should also be targeted, eg. dentists, allied health professionals and medical specialists.

**Goal 2:** 'Improve the health of Aboriginal and Torres Strait Islander peoples living in rural, regional and remote Australia', is also a major focus for the RFDS. A significant proportion of our clients are Indigenous and so we are constantly striving to enhance the health and well being of these people.

The comprehensive range of health services provided by the RFDS, ie. primary health care, emergency and health promotion, requires the organisation to focus on **Goal 5**; 'Maintain a skilled and responsive health workforce'.

### ***2. List any current activity(ies) of your organisation that relate to (are compatible with) the Goals of Healthy Horizons.***

The RFDS is developing partnerships with other service and non-service agencies in an attempt to utilise the extensive RFDS communications and transport infrastructure to provide more comprehensive and co-ordinated services.

The RFDS currently has (or in the process of obtaining) Indigenous Health Liaison Officers (IHLO) employed at four Bases. The five key elements of the IHLO positions are:

- To promote cultural insight, knowledge and skills in other RFDS staff;
- Co-ordinate an admissions and discharge system suitable for effective planning and follow up of Indigenous patients;
- To act as an acceptable and informed advocate for Aboriginal and Torres Strait Islander people;
- To act as a representative of the RFDS in relation to services provided to Indigenous communities; and
- To facilitate RFDS involvement in Health Worker education programs.

The two positions based at Cairns and Mt Isa were evaluated by the Centre for General Practice, North Queensland Clinical School, Townsville. The evaluation report concluded that:

"...the IHLO roles as they currently exist reflect an important advance for both the RFDS and the communities which it serves..."

"...the establishment and use of discharge protocols should ensure that Indigenous people continue to receive appropriate post discharge care in their communities..."

“...the IHLO’s advocacy role, particularly through community liaison and promotion of health worker roles, is an important step in improving health care delivery in communities....THEREBY IMPROVING COMMUNITY HEALTH AND WELL-BEING...”

The two IHLO positions are located at the Cairns and Mt Isa RFDS Bases. The significant success of the pilot project has highlighted the need to incorporate this type of culturally sensitive approach to the health care delivered to Indigenous communities.

The RFDS is attempting to appoint IHLOs at every RFDS Base which would ensure that the Indigenous communities receive a more culturally sensitive and appropriate primary health care approach.

A National Set of Nursing Competencies has been developed by the RFDS and these will assist with the identification of the skills and knowledge required by the staff.

The training of the clinical staff within the RFDS in the many areas of Mental Health has been identified as a high priority for the RFDS. It is anticipated that all clinical staff will receive the relevant mental health training within the next 12 months. The RFDS has also conducted a trial of a portable satellite telehealth system that can be transported to remote locations enabling essential access to metropolitan specialist services.

Senior RFDS clinical staff hold positions on strategic State based programs that utilise flexible funding arrangements and improve the health service access for Indigenous communities. The RFDS has developed a model which provides permanent medical services to an Indigenous community by rotating doctors on a month-on and month-off scenario.

Funding arrangements with other health agencies are also being developed to commence community based sustainable health services.

**3. *List any future work you have planned that relates to (is compatible with) Healthy Horizons.***

As stated above.

**4. *Will your organisation be able and willing to ‘badge’ selected activity that is compatible with Healthy Horizons (for example through inclusion of a phrase such as “this work/activity is part of the (organisation name) contribution to the implementation of Healthy Horizons; and/or through using its motif).***

Yes - the RFDS is keen to assist with the implementation and association with Healthy Horizons.

**5. *List any activity you know of that is important in the context of Healthy Horizons that is not your own body’s activity.***

Unaware of additional activities.

**6. *List the ways in which your organisation will consider playing a leadership role in its sector in the implementation of Healthy Horizons.***

The RFDS is in the complex process of developing a National Health Strategic Plan and the Goals in Healthy Horizons will be a major focus for this Plan.

**7. *List the actions you believe the Alliance (rather than your own Member Body) should play in the implementation of Healthy Horizons.***

The Alliance could be both reactive and proactive.

It could support initiatives and programs that were aligned with the philosophy of Healthy Horizons as well as taking some (or all) of the Goals and developing some key directions and projects that could be lobbied with the Government.

## **The Rural Faculty of the RACGP**

In reporting action on Healthy Horizons by the Rural Faculty, there must be recognition of the complexity of rural doctor organisations. The membership of the Rural Faculty is - and always has been - general practitioners who work and teach in rural Australia. As an organisation its members seek primarily to exert persuasion on the RACGP. However, the issues in Healthy Horizons are common to all rural doctor organisations and therefore actions by eg the RDAA or ACRRM or by individuals are impossible to separate.

The RACGP is best known to rural people through its training program. The Rural Faculty spends much of its energy on these rural vocational training issues. From its foundation it has maintained principles now appearing in such documents as Healthy Horizons. We can recognise each of the 7 Goals in HH and claim recognition for persuading government toward these and others in the 'first' national rural health strategy. The contributions made by members of the Rural Faculty - individually and collectively - have influenced rural health policy and the education of undergraduates and graduates well beyond the College's own vocational training program.

When Dr Sarah Strasser expresses her thoughts for the future of the Rural Faculty in such terms as 'worst first' - Goal 1 - there is an obvious synergy across current and historical principles.

Action by rural doctors led in various forms to rural health funding in Federal Budget 2000. The Rural Faculty shares that success and remains committed to making the best use of it. One of the many tools is the Healthy Horizons document.

## **Frontier Services**

### ***1. Comment on your organisation's view of the seven Goals of Healthy Horizons; e.g which are most important to your organisation.***

All of the seven goals are important from the perspective of Frontier Services. However the majority of our services are funded through funding bodies who set out the guidelines of the service.

### ***2. List any current activities of your organisation that relates to (are compatible with) the Goals of Healthy Horizons.***

Some field staff and patrol padres have been trained in issues of suicide and are playing an educative role in this area.

Frontier Services are engaged in partnerships with Aboriginal Services in supporting and training in management of services to achieve accreditation.

Frontier Services has services in rural and remote areas which have achieved accreditation.

Frontier Services has successfully supported the development of a community based Carer Respite Service for the older people with dementia.

**3. *List any future work you have planned that relates to (is compatible with) Healthy Horizons.***

- Promoting the need for a Geriatrician Service for the Northern Territory to cover both rural and urban needs.
- Training of staff urban and remote in assessment and management of challenging behaviours.
- Goal 1.2 Mental Health Outcomes.

**4. *Will your organisation be able and willing to ‘badge’ selected activity that is compatible with Healthy Horizons (for example through inclusion of a phrase such as “this work is part of the “organisation” contribution to the implementation of Healthy Horizons; and/or through using its motif)***

This will be referred to the National Reference Committee.

**5. *List any activity you know of that is important in the context of Healthy Horizons that is not in your own body’s activity.***

Goal 1.2 Mental health outcomes.

That basic dental health be a component of primary health care.

**6. *List the ways in which your organisation will consider playing a leadership role in its sector in the implementation of Healthy Horizons***

Actively incorporating HH into organisational directions.

Promotion of HH in aged care sector of NT

**7. *List the actions you believe the Alliance (rather than you own Member Body) should play in the implementation of Health Horizons.***

*Consistent public awareness building e.g. presentations at conferences.*

## **Australian College of Health Service Executives**

The ACHSE’s new rural Special Interest Group (SIG) is gaining some momentum. Rural and remote issues are now deemed important strategic issues, and a new Strategic Plan will probably be endorsed at the May meeting. There is a range of views and awareness of the issues.

It also needs to be appreciated that ACHSE is a body concerned with education and professional development of its members rather than policy per se - and this is an issue the rural SIG is taking up

## **Australian Rural and Remote Allied Health Taskforce of the Health Professions Council of Australia**

- 1. *Please comment on your organisation's view of the seven Goals of Healthy Horizons (pp. 8-23 of the document). For example, which of them are the most important to your organisation?***

The Allied Health Professional Organisations that make up the membership of the Health Professions Council of Australia - the parent body of ARRAHT - have recognized the need to provide equity of services, including allied health, to people in rural and remote areas of Australia. All goals are important but, in particular, Goals 2, 3, 5 and 6. There is a particular need to focus on providing support to allied health professionals working in these areas, as well as other members of the health care team (Goal 5 and 3). This is often logistically difficult due to small numbers of professionals involved, spread over vast distances and often at quite a cost to either the individual, the Association or both.

- 2. *List any current activity(ies) of your organisation that relate to (are compatible with) the Goals of Healthy Horizons.***

Majority of the Allied Health Professional organisations are focusing on providing readily accessible professional development for members working in rural and remote Australia, thus maintaining a skilled and responsive workforce. There is also increasing emphasis on research and the need for evidence based practice. A number of the organisations are also developing policies concerning the provision of allied health services to Aboriginal and Torres Strait Islander populations.

- 3. *List any future work you have planned that relates to (is compatible with) Healthy Horizons.***

The Health Professions Council of Australia has made rural and remote practice a key area for 2000-2001, which will also increase the focus of its member bodies.

- 7. *List the actions you believe the Alliance (rather than your own Member Body) should play in the implementation of Healthy Horizons.***

To continue to look at rural and remote health practice as a whole, incorporating a health care team; and to continue its lobbying that in order to achieve the goals of Healthy Horizons all participants in the team need to be recognized and supported.

## **Services for Australian Rural and Remote Allied Health**

The launch of Healthy Horizons has encouraged SARRAH to develop a number of programs and strategies.

In 1999 SARRAH undertook a national Rural and Remote Allied Health Professionals Workforce Survey. The results of this will be finalised and made available in the coming months. The survey was designed to highlight priorities in AHP recruitment and retention issues, training and education needs, level of skill, and general profile of Rural and Remote Allied Health Professionals.



We have developed and implemented a National Scholarship for R & R AHP rural placement; which was awarded for the first time Sept. '99. SARRAH encourages rural and remote student involvement and support for the Annual Undergraduate Student Conference. Through our biennial Conference we encourage and showcase evidence-based papers which provide solutions to many primary health care problems.

The Jawoyn Trial in the NT proposes to provide AH services to the peoples of that region and is given full support and endorsement by SARRAH in its application process.

In collaboration with the Rural Faculty of the RACGP we have been developing a Rural Health Week to culminate in a 'Rural Ha Ha' day (Rural Health Alliances, Healthier Australia). This is intended to be run in May 2001 and will showcase Rural and Remote Health issues at a National and Community level. It will be a week of activities focused on rural health solutions demonstrating how the medical and allied health sectors work together for rural and remote Australians. The Victorian NFF will be forming a subcommittee and we will be approaching others including Indigenous and Consumer Groups to form further subcommittees. Part of the work on this project has been in developing Rural Family Initiative Program.

SARRAH Management are currently working on a number of Rural Health Incentives Programs including Community Mentoring Programs for Youth suicide prevention; and Drug Intervention and Diversion Strategies to name but two.

SARRAH is dedicated to the implementation of Healthy Horizons.

## **National Association of Rural Health Education and Research Organisations (NARHERO)**

At its AGM in February 2000 the National Association of Rural Health Training Units (NARHTU) endorsed changes to its constitution to broaden its membership to include all organisations involved in research, education and training in rural and remote area health. This move embraces the intent of Healthy Horizons in developing cooperative, innovative and sustainable responses to rural and remote health.

The establishment of NARHERO (which includes Rural Health Training Units, University Departments of Rural Health, professional Colleges and other groups with a role in research and in the education and training of rural and remote health care workers) will facilitate a coordinated and strategic response to Healthy Horizons, particularly to Goals 3, 4 and 5.

**Goal 3** calls for better information about the health of rural, regional and remote Australians. As NARHERO will bring together University Departments of Rural Health and other bodies who have a formal mandate for research, it is anticipated that research into rural and remote health issues will be better coordinated, considered and disseminated. The close collaboration with organisations that provide health services to rural and remote communities through the rural health training network will facilitate the implementation of new knowledge particularly in relation to the training of health professionals. Additionally, NARHERO will take on the role of refereeing academic papers submitted to the Scientific Stream (Infront-Outback) of the National Rural Health Conference. This Conference has been merged with the Rural and Remote Health Scientific Conference to strengthen the synergy between research and the development of policy and evidence-based practice in rural and remote health.

**Goal 4** calls for coordinated services to be developed and maintained by collaboration. The coming together of a broader group of organisations through NARHERO will enhance collaboration and coordination of service through the sharing of knowledge and experience and reduction in duplication in research and educational development and delivery.

**Goal 5** calls for a skilled and responsive rural and remote health workforce. The organisations involved in NARHERO include Rural Health Training Units, University Departments of Rural Health, professional colleges and other groups with a role in the education and training of rural and remote health care workers. The increased communication, collaboration and the development of a critical mass of organisations involved in research and education in rural and remote health, will strengthen the capacity to provide appropriate and authentic education experiences for beginning and continuing rural and remote health practitioners.

Additionally, through its member organisations, NARHERO will provide knowledge and expertise which will assist the NRHA and governments in developing informed policy on workforce and research and education issues in rural and remote area health.

### **Isolated Children's Parents' Association (Federal Council)**

The goal of the Isolated Children's Parents' Association of Australia Incorporated (ICPA Aust Inc) is to achieve equality of educational opportunity for all geographically isolated children and thus to ensure that they have access to a continuing and appropriate education.

ICPA has lobbied vigorously for the development of flexible child care and support services for families living in rural, regional and remote areas.

The government has recently announced funding for flexible childcare services in 'The Stronger Families and Communities Strategy'. Families living in rural, regional and remote areas will now be able to have their children cared for in their own home by a trained child care worker, including families requiring care for sick children. ICPA believes that this initiative should see the expansion of support to families who have previously had difficulty in accessing childcare services.

Funds will also be committed to the provision of practical skills and support to parents and families, including making family counselling more widely available in rural and regional areas.

The continued expansion of Mobile Early Childhood teams will see improved support for families with their parenting during early childhood years.

ICPA's commitment to the development of early childhood services along with access to ongoing education and training opportunities are compatible with Healthy Horizons:

Of particular interest are **Goal 1.7** - Child and Youth Health Diagnostic and specialist services; and **Goals 4.2 and 4.3** Innovative Models and Partnerships.

## Rural Pharmacists Australia

**1. Please comment on your organisation's view of the seven Goals of Healthy Horizons (pp. 8-23 of the document). For example, which of them are the most important to your organisation?**

The RPA Special Interest Group is supportive of each of the goals of *Healthy Horizons* and all are equally important to the organisation. The RPA is taking an active role in projects and activities that are consistent with the following goals:

**Goal 1:** Is important to the RPA-SIG as it focuses attention to addressing the highest health priorities first. Rural pharmacists play a vital role in working with the local health care team in implementing services based on local needs. In many cases, rural pharmacists have taken a leading role in addressing national health priorities, and promote the need for pharmacists throughout rural Australia to deliver services and programs to meet local health care needs. For example, the Pharmaceutical Society recognises Diabetes as an important area and has produced numerous resources to assist and educate rural pharmacists in the provision of professional advice to consumers.

**Goal 2:** The RPA sees this priority as a matter of urgency for the Alliance and all member organisations. The RPA is assisting in improvements in Aboriginal health through a number of strategies, for example the recent introduction of 'section 100' medication supply to Aboriginal health services from rural pharmacies is one example. Through our involvement with the Pharmacy Guild, the RPA is also assisting in the trialing of professional pharmacy services to remote area Aboriginal Health Services, in an attempt to improve the quality use of medicines in these communities.

**Goal 3:** The RPA is very supportive of this goal and notes that there needs to be much more research in the area of how multi-disciplinary teams can best meet local health care needs.

**Goal 4:** The RPA supports the development of innovative, coordinated services for rural areas, based on local health care needs. The RPA believes that the health care models that operate in metropolitan areas cannot be utilised in the bush. The delivery of innovative and more flexible services needs to be based on evidence based practice, and developed through collaboration between all local stakeholders, including pharmacists.

**Goal 5:** The RPA strongly endorses this goal, as it is impossible to maintain health services in regional Australia without an adequate health workforce. The RPA is pleased with the recent trend in Government providing increased assistance not only to GPs, but also to non medical staff such as nurses and pharmacists in the area of recruitment and retention. The RPA notes that there is much potential to implement multi-disciplinary recruitment and retention strategies, as many of the workforce problems faced by the medical profession in rural and remote are identical to those faced by other health professions in regional Australia.

**Goal 6.** The RPA is supportive of any strategy that allows more flexibility in the way that health services may be funded. There needs to be more recognition by Government of the differences between health care delivery in metropolitan and regional Australia, and innovative funding strategies need to be implemented to overcome the geographic and cultural barriers which exist as a result of the inflexibility in current arrangements.

**Goal 7:** The RPA believes that, in many cases, this goal will be realised through addressing Goals 1 to 6.

**2. List any current activity(ies) of your organisation that relate to (are compatible with) the Goals of Healthy Horizons.**

- The Rural & Remote Pharmacist Workforce Development Program. (Goal 5)
- The Quality use of Medicines in Aboriginal Communities Project. (Goal 2)
- ‘Section 100’ supply of medication to Aboriginal Health Services from Community Pharmacies. (Goal 2)
- Developing the role of community pharmacists in the delivery of services in Multi Purpose Services. (Goal 6)
- Developing the provision of professional pharmacy services to remote centres via the Internet. (Goal 4)

**3. List any future work you have planned that relates to (is compatible with) Healthy Horizons.**

- Rural & Remote Pharmacist Workforce Development Program is funded through to July 2004.
- The Inaugural rural pharmacist conference in 2001.
- National and state-based rural pharmacist journal / newsletters.
- Facilitating placements for pharmacist academics in the University Departments of Rural Health.
- The Pharmaceutical Society (Vic) has secured a two-year RHSET grant to oversee the restructuring of two pharmacies in the Mallee region with the aim of developing a best practice model together with guidelines and protocols.

**4. Will your organisation be able and willing to ‘badge’ selected activity that is compatible with Healthy Horizons (for example through inclusion of a phrase such as “this work/activity is part of the (organisation name) contribution to the implementation of Healthy Horizons; and/or through using its motif).**

Yes, promotion of the Rural & Remote Pharmacist Workforce Development Program could include a phrase such as that above.

The inaugural rural pharmacists’ conference in 2001.

The rural pharmacists journal / newsletter.

**5. List any activity you know of that is important in the context of Healthy Horizons that is not your own body’s activity.**

- Project conducted by UDRH at Whyalla, bringing pharmacist academics to rural/remote areas to act as mentors and perform locum relief for local practising pharmacists.
- A Pharmacy Guild of Australia and University of Sydney project trialing the role of community pharmacists in the delivery of services in Multi Purpose Services, *Healthstreams* (rural Victorian health model) and through the provision of video conferencing with patients for medication reviews over the Internet in rural Australia.
- A Pharmacy Guild and Charles Sturt University project that is developing the role of pharmacists in the delivery of services to remote Aboriginal Health Services.
- The delivery of Medicare access points through community pharmacy *EasyClaim* facilities.

- The implementation of inter-professional networking workshops between rural pharmacists and other health practitioners in rural Australia.
- The Pharmaceutical Society conducts regular CPE events (some are for pharmacists and pharmacy assistants, others target doctors, nurses and pharmacists) in rural regions of each State.

**6. *List the ways in which your organisation will consider playing a leadership role in its sector in the implementation of Healthy Horizons.***

- Promotion of Healthy Horizons as the strategic framework for rural health development to RPA member organisations (The Pharmacy Guild, The Pharmaceutical Society and the Society of Hospital Pharmacists, Australia).
- Workshop with key pharmacy stakeholders to develop draft strategic plan for the implementation of strategies outlined in Healthy Horizons.

**7. *List the actions you believe the Alliance (rather than your own Member Body) should play in the implementation of Healthy Horizons.***

- Coordination and dissemination of relevant information on implementation of Healthy Horizons.
- Lobbying of governments/other bodies to assist member bodies in their efforts to implement Healthy Horizons.
- Facilitation of networking between stakeholders.
- Promotion of evidence and a multidisciplinary approach as a strategy to assist in the implementation of the HH framework.
- Review/evaluation.

19 May 2000