



NATIONAL RURAL  
HEALTH  
ALLIANCE INC.

**9<sup>th</sup> National Rural Health Conference**  
**Albury, 7-10 March 2007**

## **Media Release**

**10 March 2007**

### **9<sup>th</sup> Conference: the rural health sector recommits to action**

The 9<sup>th</sup> National Rural Health Conference finished in Albury today with encouragement to the health sector that it can effect the change it needs if it remains active, political and united. And the 1200 delegates had no shortage of ideas about the ways in which health in rural and remote areas can be improved. Over 250 recommendations were produced, with their thrust captured in a Conference communiqué (attached). Delegates also agreed a set of eighteen priority recommendations covering Indigenous health, mental health, arts-in-health, the health workforce and research that could help rural communities deal with the health and social affects of the drought.

The arts-in-health activities were a highlight, with delegates not only enjoying and being inspired by music, circus skills, poetry and theatre, but also committing themselves to use the evidence base on arts-in-health to seek further support for it from both health and arts authorities. Some 300 students of medicine, allied health and nursing energised the event, learned from it, and gave other delegates confidence in the future of the health workforce and its leaders.

John Wakerman, Chairperson of the NRHA, said in the closing session that the task of working for sustained good health in rural and remote areas continues. “We’ve come a long way but the nature of the job at hand changes over time. This Conference has been a major opportunity to clarify the most urgent steps we need to take. And this year provides us with a major opportunity to claim our rightful place on the political agenda and continue the job.”

“One immediate major concern is this week’s news that the Community Housing Infrastructure Program will apparently no longer be available for building housing in remote Indigenous communities. This would be a serious retrograde step, given the critical importance of infrastructure in determining health and quality of life for Indigenous people,” he said.

The full set of recommendations is on the Alliance’s website at [www.ruralhealth.org.au](http://www.ruralhealth.org.au)

**Further information: John Wakerman: 0417 884 182**  
**For Conference media enquiries: Megan Stoyles: 0408 147 829**

# 9<sup>th</sup> National Rural Health Conference

## Communiqué

Twelve hundred delegates brought to the 9<sup>th</sup> National Rural Health Conference in Albury a range of experiences and reports of health conditions throughout rural and remote Australia. For seventeen years, these biennial conferences have provided up-to-date audits of the state of health in country Australia. Only two issues have been on the agenda over the whole of that period and they remain unfinished business today. Indigenous life expectancy is still unacceptably low, and the rural and remote health sector has renewed its commitment to play its part in ensuring that Indigenous Australians have equal health status within a generation. The second ongoing and unresolved issue is that, despite significant increases in the quantity of research and the fact that Australia leads the way in rural and remote health research and organisation, there is still an insufficient focus within national research programs on rural and remote health and wellbeing.

Despite some gains, good ideas and great strategies, the rural and remote challenges remain. There have been significant reductions in infant mortality and morbidity and mortality from infectious disease – including in remote areas – but health outcomes are still worse overall in rural and remote Australia than in the major cities. Workforce shortages are worst in rural and remote areas. There is still a higher incidence of health risk factors. And, despite technical change, the provision of health services in rural and remote areas is still more costly. The Conference had a focus on two issues compounding this general situation. The first is the serious and widespread drought and the prospect of further impacts from long-term climate change; the second is the uncertainty and opportunity created by efforts to reform the Australian health care system.

Workforce issues were also in the spotlight at the Conference. Despite assertions to the contrary, the general situation for the rural and remote health workforce has not improved. In many areas, existing professionals are busier than ever and feeling threatened both by their own advancing age and the demographic shift which is increasing the demand on their services. The evolving epidemic of chronic disease requires greater coordination of the full range of health professionals, some of whom are simply not available in rural areas. The capacity of people from more remote areas to access specialist services is limited by dysfunctional and poorly funded patients' travel and accommodation schemes. The increased focus required on prevention of ill health should apply in all areas, including especially in relation to child and family health.

On the other side of the ledger, many of the concurrent session papers and some of the keynotes at the conference highlighted the fact that rural and remote areas are home to some of the most innovative and successful multidisciplinary health services. Delegates at the Conference again expressed the hope that, once established and evaluated, these successful programs – tailored, as they are, for specific areas – can find sustainable financial support and not be required to be accountable to a number of different funding bodies.

The Conference had some focus on how mental health in rural and remote areas could be improved, especially given the new impacts of the current drought and water shortages. Some modest national and local programs for mental health in rural areas have been established, but the 'main game' in this area is to ensure that rural communities receive their 30% fair share of the \$1.9 billion committed by the Commonwealth for mental health, and of the matching resources provided by the States and Territories.

A range of new research proposals relating to rural and remote health was reported by delegates and the NRHA intends to continue its work to have the national health research agencies carry out a fair share of research on rural issues and in rural areas.

A statement of principle on Indigenous health, based broadly on the open letter to the Australian people published in December 2006, was endorsed by Conference delegates. The NRHA was charged by delegates with the task of developing some concrete action steps for the rural and remote sector which can contribute to this critical national agenda, and to report to the sector on progress with that action.

Conference condemned the decision announced during the week for the Commonwealth to stop its commitment to resource the construction of housing in remote Indigenous communities.

The Conference included a wide range of exceptional arts-in-health activities, curated by Murray Arts under the leadership of Chris Pidd. People attending these biennial conferences are now at the forefront of those who have experiential evidence of the value of arts-in-health as means of communication, community development and therapy. They endorsed a strong recommendation that arts-in-health should be funded by health agencies as well as arts agencies and have asked the NRHA to play a leadership role in lobbying on this.

In a busy and productive week in Albury, those at the Conference considered both high level national initiatives as well as practical local programs. The sector is concerned that there be a new strategic plan for rural and remote health, when the current one lapses at the end of June 2008. Programs to enhance recruitment and retention to the health workforce were also debated, and it was agreed that more should be done to extend to nursing, allied health and dentistry, in particular, the approaches successful for rural medicine. These include setting targets for rural intake in schools of health science, rural placements at undergraduate and vocational training levels, and appropriate systems for remuneration and support.

A highlight of the Conference was the participation of 300 students of medicine, allied health and nursing who provided much of the expected energy and hope for the future. Through their attendance at the Conference, these health leaders of the future have seen more evidence of the value of talking and working in a multidisciplinary and collaborative fashion.

A set of over 250 recommendations has been generated, and all of them will be published immediately on the NRHA's website. A priority set of 18 recommendations is attached. These will inform the immediate agenda for organisations in the rural and remote health sector, including the NRHA.

John Wakerman, Chairperson of the NRHA, said in the closing session that the task of working for sustained good health in rural and remote areas continues. "We've come a long way but the nature of the job at hand changes over time. This Conference has been a major opportunity to clarify the most urgent steps we need to take. And this year provides us with a major opportunity to claim our rightful place on the political agenda and continue the job."

## 9<sup>th</sup> Conference

### Priority recommendations

1. The Federal Government should immediately invest substantial funds in research to establish the impacts of the current drought and water shortages on rural community and child and family wellbeing. Such research would be the basis of new interventions to support community resilience and adaptive human behaviours and will help prepare rural and remote Australia for the consequences of global warming and climate change.
2. Workers in agricultural support roles (eg Rural Financial Counsellors, Rural Lands Protection Board staff, Department of Primary Industry staff) and other rural human service workers (such as police, teachers and clergy, etc) are often the first points of contact with people at-risk of and experiencing mental health problems. Such workers should therefore be provided by State Government agencies with structured support and development programs, including Mental Health First Aid training, and should have formal links with mental health services at local and regional levels.
3. The Australian Primary Health Care Research Institute (APHCRI) needs to be funded to research, monitor and measure the acuity and outcomes for patients with an acute mental illness who are treated in the general beds of rural hospitals. This will provide the basis for planning to ensure that people with a mental illness in rural areas receive care equal to that received by patients in metropolitan areas.
4. Delegates at the 9<sup>th</sup> National Rural Health Conference endorse the statement of principle on Indigenous health agreed at the workshop on 7 March, and charge the NRHA to work, with community and expert involvement, to revise the action plan for equal health for Indigenous people within a generation. The action plan developed will require new targeted funding from a range of governmental, private sector and community agencies. Delegates ask the NRHA to monitor progress with this rural action plan and to provide a report on it at the 10<sup>th</sup> National Rural Health Conference.
5. Given the critical importance of infrastructure in determining health and quality of life for Indigenous people, delegates to the Conference condemn this week's announcement that the Community Housing Infrastructure Program will no longer be available for building housing in remote Indigenous communities.
6. There is substantial evidence that arts activities are valuable both as a means of communication of health messages, as health promoting and community development activities, and as therapy. Commonwealth and State health authorities should therefore have substantial budget line-items for arts-in-health programs, including those that are already established and shown to be effective. In addition, the Australia Council should create a new program specifically for arts-in-health.
7. The Department of Education, Science and Training and the Department of Health and Ageing should develop budget weightings for universities (including University Departments of Rural Health) to boost curriculums and training programs that are modeled on interprofessional education for health practitioners. This approach should also be taken by State governments in relation to training undertaken within their jurisdiction, including in hospital settings.

8. There needs to be a collaborative effort by governments and the rural and remote health sector to develop and agree on a successor to *Healthy Horizons* for the period after 2007. The National Rural Health Alliance should take a lead for the rural and remote health sector in negotiations on this matter.
9. Evidence shows that for undergraduate and vocational training of health students, from both country and city areas, a well-supported rural placement increases the likelihood of practice in a rural area. It is recommended that the Departments of Health and Ageing and Education, Science and Training work together to continue to build a placement program that is coordinated, supported by adequate physical and educational infrastructure (which must include support for clinical mentors and trainers) and which allows students to undertake placements in their local region or the area where they plan to practise.
10. The Commonwealth and state/territory governments should support, through COAG, a regional cancer care reform program built around cancer centres of excellence in larger rural centres. These would significantly reduce the distance travelled by isolated patients and have spin-off benefits in other areas of rural/remote healthcare. Remote patients would be further supported through improved funding and coordination of patient travel and assistance schemes (see 14).
11. Instead of continually devising new service models, State and Commonwealth governments should commit to providing sustainable, ongoing funding to programs that have been trialled or piloted once they have been evaluated and shown to be successful.
12. Rural hospitals continue to be closed and downsized, despite good outcomes in low risk obstetrics and a crucial role in initial stabilization in trauma and treatment of chronic and complex conditions. State Health Departments must move urgently to preserve and support rural hospitals where evidence shows that they meet the health needs of the local community better than any alternative.
13. The Remote Indigenous Stores and Takeaways (RIST) Project needs to collaborate closely with Indigenous Business Australia and its Outback Stores work to ensure that the price and quality differentials in fresh food are reduced as a matter of urgency. This can be done through attention to improving the cold chain, to providing additional resources and support including training for remote area store managers, and further work on market basket surveys, 'food hardware' and nutrition programs and freight improvement initiatives. Progress on this work should be assessed at a national forum on food in remote communities in mid-2008.
14. The Commonwealth Government should exercise leadership, including through a national inquiry, to develop more uniform and better funded patients' assisted travel schemes (PATS) in all jurisdictions. A rigorous, fully funded system designed to achieve cross-border equity and improved patient outcomes should be written into the Australian Health Care Agreements for endorsement of all jurisdictions.
15. Chronic disease self-management (CDSM) programs provide cost-effective and efficacious means of reducing morbidity and are particularly valuable where there are limited numbers of health professionals. There is a range of CDSM models that

health professionals should consider for various conditions. The more widespread adoption of these programs, with the workforce supported in their application, will reduce the burden of chronic disease. CDSM programs should be based on sound theory, integrated with clinical practice, appropriately funded by State and Commonwealth governments, and properly evaluated.

16. Given the lack of uniformity and the increasing cost to health and community service agencies of obtaining police checks for workers, the NRHA is asked to work with other bodies to investigate what approaches could be made to reduce the associated complexity and cost of obtaining and renewing such clearances.
17. The Regional Health Services program is part of the Rural Health Strategy which provides some of the key Commonwealth programs specially targeted to rural and remote areas. Conference delegates call on the NRHA to be involved with the Commonwealth in evaluation of the programs in the Rural Health Strategy in order to increase their effectiveness and sustainability and their commitment to a primary health care approach.
18. Conference presentations have emphasised the fact that there are currently changes in the structure and operation of health services at all levels. This makes it even more important that managers of health systems engage genuinely with rural and remote people. This citizens' engagement needs to be properly resourced: in effect, the more remote the area, the higher the costs of community consultation.