

9th 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 9th 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 10th 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.